

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAY 17 2012

THOMAS G BRUTON
CLERK, U.S. DISTRICT COURT

Anthony Boyce R52162
P.O.Box 112
Joliet Illinois 60434

12 C 3840
Judge Milton I. Shadur
Magistrate Judge Young B. Kim

X

Complaint Under The Civil Rights Act, Title Section 1983
U.S. Code (State, county, or municipal defendants.)

-Vs-

Defendants: A. Salvador A. Godinez
Director of I.D.O.C
1301 Concordia Court
Springfield Illinois 62794-Place of employment

B. Sarah Johnson
Member of ARB Board
1301 Concordia Court
Springfield Ill 62794-Place of employment

C. Lisa Weitekamp
Freedom of Information Officer
1301 Concordia Court
Springfield Ill 62794-Place of employment

D. Marcus Hardy
Stateville C.C Head Warden
P.O.Box 112
Joliet Ill 60434-Place of employment

E. John Doe
Sergeant at Stateville C.C
P.O.Box 112
Joliet Ill 60434-Place of employment

F. Mark Hale
Ceo Wexford Health Sources Inc.
425 Holiday Drive-Foster plaza
Pittsburg, PA 15220

Defendants: G.I.Carter

Medical Director at Stateville C.C
P.O.BOX 112
Joliet Ill 60434-Place of employment

H.L.Williams

Doctors Assistant at Stateville
P.O.Box 112
Joliet Ill 60434-Place of employment

I.John Doe

Psychiatrist at Stateville C.C
P.O.Box 112
Joliet Ill 60434-Place of employment

J.John Doe

Psychiatrist at Stateville CC
P.O.Box 112
Joliet Ill 60434-Place of employment

K.Sytera Sanders

Counselor at Stateville
P.O.Box 112
Joliet Ill 60434-Place of employment

L.Brenda Jerz

Records Office at Stateville
P.O.Box 112
Joliet Ill 60434

M.Anna McBee

Grievance Officer at Stateville
P.O.Box 112
Joliet Ill 60434-Place of employment

N.Collleen Franklin

Grievance Officer at Stateville
P.O.Box 112
Joliet Ill 60434-Place of employment

O.Margaret A Hamburg

Commissioner for Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring MD 20993-Place of employment

P.Deborah M.Autor

Deputy Commissioner of Global Regulatory operations
And policy of food and drug administration
10903 New Hampshire Avenue
Silver Spring MD 20993-Place of employment

Q.Jeasse.l.Goodman

Chief Scientist and Deputy commissioner for Science
and Public Health of food and drug Admin.
10903 New Hampshire Ave.
Silver Spring MD 20993-Place of employment

Defendants: R.Molly Muldoon

Acting Deputy Commissioner for operations/Acting chief
operating officer of food and Drug administration
10903 New Hampshire Ave.
Silver Spring MD 20993-Place of Employment

S.Stephen P.Spielberg

Deputy Commissioner For Medical Products and Tabacco
of food and drug admin.
10903 New Hampshire Ave.
Silver Spring MD 20993-Place of employment

T.Jackie Martella

President/Ceo of Boswell Pharmacy Services
131 School House Road
Jennerstown PA 15547-Place of employment

U.Kathleen Martella

Chief Admin. Officer of Boswell Pharmacy Services
131 School House Road
Jennerstown PA 15547-Place of employment

V.Gary Prybozie

Purchasing Manager of Boswell Pharmacy Service
131 School House Road
Jennerstown PA. 15547-Place of employment

W.John Doe's

CEO/President?Chairmans of the Pharmacuetical company
whom makes the Drug Trazodone
Place of employment-Unknown

X.John Does

CEO/President/Chairman's of The Pharmacuetical company
whom makes the drug-Remeron
Place of employment-Unknown

STATEMENT OF FACTS

Plaintiff was present at the Stateville C.C Health Care Unit, scheduled have a Therapy Session with the Psychologist Dr. Woods. Plaintiff informed Dr. Woods of his Chronic Sleep Deprivation problems, Dr. Woods refferred plaintiff to the Defendant-Psychologist Dr. Kelly. Shortly afterwards in the early part of 2011, Plaintiff was present at the Health Care Unit having his scheduled appointment with the Defendant-Dr. Kelly. In which Plaintiff greatly expressed to the Defendant-Dr. Kelly that he was not interested in consuming any Pysch Medicattions, due to the rumors of them having dangerous side effects. Plaintiff informed Dr. Kelly that he was only interested in the verbal mental ~~medication~~^{meditation} therapy that Dr. Woods provided to him. Defendant Kelly stated to Plaintiff, its only one treatment that you're going to recieve at Stateville, thats the Psychotrohic medication. Plaintiff then explained to Dr. Kelly, that Dr. Woods had told plaintiff that he would treat the plaintiff with the Verbal Mental ~~Medication~~^{Meditation} Therapy. Dr. Kelly stated "Thats out of the question of medication treatment, it does'nt exist, its only in your mind." Plaintiff then asked Dr. kelly while plaintiff was under duress from improper sleep, was forced to accept the anti-depressant medication called Remeron. Plaintiff asked Defendant-Kelly, "What are the side effects of this anti-depressant drug-Remeron". Defendant Kelly stated to plaintiff that "The side Effects of Remeron are just an increase in appetite. Shortly after plaintiff consumed the powder form of Remeron. Plaintiff experienced a **Massive Migraine headache, Blurred Vision, trouble swallowing, short term memory loss, Dizziness upon standing, eye pains.**

On October 28 2011, Plaintiff was present at the Stateville C.C Health Care Unit. While at a scheduled appointment with Defendant-Dr Kartan, around 12:10 p.m, plaintiff was asked to sign documentation to waive his rights to file a Lawsuit by Defendant-Kartam. Plaintiff declined to sign, defendant Dr. Kartan went into a tirade, shouting at plaintiff in a harsh tone of voice, saying "You've been writting up my boss, you're attempting to file a lawsuit, you ain't going to get a dime", "I am writting your vital signs in your chart, other inmates will say anything that staff here tells them to say in our defense for a sandwich." Plaintiff explained to defendant, Dr. K Kartan that his eyes hurt, about his headaches, dizziness upon standing, short term memory loss, troubles swallowing. Defendant-Kartan stated to plaintiff "You're going to keep taking this psychotrohic medication." Plaintiff stated to defendant Dr. Kartan that "He did'nt want the medication

because it caused him injury." Dr. Kartan then called Defendant Sergeant Nash, Sgt Nash came running to the back part of the the Stateville Health Care Unit. Defendant Sergeant Nash placed handcuffs on plaintiff aggressively and tightly around plaintiff's wrist cutting off circulation in his left hand. Plaintiff alerted in an idyllic manner to defefendant-Sgt Nash, Verbally saying "Sgt Nash, my cuffs are too tight, my wrist is hurting me. Defendant Nash reply was "Shut up **Chump**" Sgt Nash aggressively started screaming saying "I can give a damn whether you did anything to violate prison policies or not chump." While defendant SGt Nash placed plaintiff in a seperate holding area of Stateville health care unit. (Holding area is jail slang, referring to the bullpen that inmates are held during transition through the institution) In seeing and hearing Distance of Prison staff and other inmates, the plaintiff was left in handcuffs for approximately an hour or so. While in handcuffs, defendant Nash stated to plaintiff "We can do it if you want to" (In prison slang this means We Can Fight) Defendant Nash tried to provoke plaintiff into an confrontation, instead plaintiff stated that "I am not going to help you get a vacation with paid days off work by physically fighting with you." Plaintiff informed defendant Nash felt as if his wrist was broken from the tightly placed handcuffs. He also stated to Nash that his eyes hurt, his head was hurting. Sgt Nash denied plaintiff's request to medical attention. Sgt Nash also never issued the plaintiff a Disciplinary Ticket for a Segregation infraction. This was an attempt to cover up the entire incident on October 28 2011 on the 7/3 shift at the Stateville Health Care Unit, Maliciously and Sadistically mistreated plaintiff.

if you want to" (In prison slang this means We Can Fight) Defendant Nash tried to provoke plaintiff into an confrontation, instead plaintiff stated that "I am not going to help you get a vacation with paid days off work by physically fighting with you." Plaintiff informed defendant Nash felt as if his wrist was broken from the tightly placed handcuffs. He also stated to Nash that his eyes hurt, his head was hurting. Sgt Nash denied plaintiff's request to medical attention. Sgt Nash also never issued the plaintiff a Disciplinary Ticket for a Segregation infraction. This was an attempt to cover up the entire incident on October 28 2011 on the 7/3 shift at the Stateville Health Care Unit, Maliciously and Sadistically mistreated plaintiff.

On November 9 2011 plaintiff was housed in Stateville C.C, living unit of E in cell 522. Approximately 9:00 pm, an un-known nurse John Doe was dispensing medications arrived at plaintiff's cell with officer C. Terry escorting defendant John Doe. The unknown nurse attempted to give plaintiff psychotrophic medicine in the amount of fifty milligrams of powder **Trazadone**. Plaintiff explained to defendant nurse John Doe that he was having migraine headaches, blurred vision, dizziness upon standing, trouble swallowing, short term memory loss, all the result of being forced to take the exact psych medication that you're attempting to give me. Defendant John Doe stated to plaintiff in an aggressive monotone of voice stating "Of course Wexford Health, Boswell Pharmacy Service, Dr. Kelly are the medicine manufacturers of the drug Trazadone, Remeron, Even I Know that Trazadone, Remeron causes extreme injury to humans. Plaintiff asked the defendant John Doe? nurse

that works for Wexford Health Services, plaintiff asked for health care services. Defendant nurse-John Doe declined to offer plaintiffs request for health care in an disruptive tone, maliciously and sadistically. While defendant nurse John Doe knew plaintiff was in massive pain and suffering, defendant violated the plaintiff's U.S Constitutional Rights.

On November 24 2011 plaintiff was present at the Stateville C.C health Unit for another scheduled appointment with the defendant Dr Kartan, while plaintiff was conversing with the defendant kartan, plaintiff once again stated that he no longer wanted to take any anti-depressant medications, Plaintiff reminded the defendant Dr. Kartan that in a prior session, I explained to you what effects that this medication was having on me. Again, I am still experiencing Blurred vision, headaches, eye pains, and dizziness upon standing, as well as trouble swallowing, short term memory loss. all a result of taking defective, harmful psychotrophic medicine, Trazodone, Remeron. Defendant Dr. Kartan notified plaintiff saying "You better keep taking that Trazodone, I am just going to turn your dosage down from 75 milligrams a pill, to 50 milligram pills." Plaintiff left in fear from that last episode at the hospital on October 28 2011 ~~ital or October 20 2011.~~

In December, while plaintiff was present in his cell (522 of E-House), approximately 9:00 pm. Defendant John Doe nurse was passing out medication and stopped at plaintiff's cell. Plaintiff asked John Doe nurse, "How long are you all going to keep getting away with not putting warning labels on the medications. Deliberately inflicting pain on me with defective medicines. " The unknown Defendant John Doe stated to plaintiff "Its zero you could do You're in prison, you cant vote, you have no freedom, no rights. Besides what can you **Boyce** say to ~~prove~~ that we, Wexford Health Sourees employees, Boswell pharmacy services employees, Medicine Manufacturers employees that we had any knowledge of the risk to your health from us distributing defective medications. Plaintiff then informed defendant nurse John Doe , that the officer C.Terry whom escorted you felt that your actions to me was so malicious and reckless. C/O C. Terry signed an written statement against you. Plaintiff showed defendant John Doe nurse plaintiff's statement with c/o C.Terry's signature. Defendant nurse John Doe then told plaintiff that I have numerous copies of this, just in case you try to send prison officials in my cell to try to consficate it. Officer Terry has exposed your secret

26

covert plot of dilibertyly sadistically conspiring with wexford health care officials, drug manufacturer officials, Boswell pharmacy to inflict pain and suffering through defective harmful med's, Trazodone, Remedon. Defendant's face was plagued with disgust, defendant unknown nurse then forced the plaintiff to take the defective harmful medicine, a fifty milligram pill of Trazodone. Defendant stated "If you dont take the medicine, then you will recieve a Disciplinary infraction for Disobeying a direct order. So despite defendants knowledge that plaintiff suffered from being exposed to defective meds on prior incidents. Plaintiff informed defendant Nurse John Doe that he needed medical treatment. Defendant nurse john Doe denied plaintiff.

On January 19 2012, plaintiff was present at the Stateville Health Care unit to have a scheduled appointment with the psychologist Dr. Woods in which plaintiff opened up mentally to Dr. Woods explaining to Dr. Woods that he was the target by medical staff and prison officials in retaliation while at the stateville C.C Health Care unit on October 28 2011. Defendants, Dr. Kartan, Sgt. Nash. Defendant Kartan attempted to have plaintiff sign documentation and when plaintiff refused. Then defendant Dr. Kartan went into a tirade calling defendant Sgt Nash whom retaliated against plaintiff causing injury to plaintiff's wrist and then refusing to give plaintiff a health care treatment, challenging plaintiff to a fight on October 28 2011. Dr. Woods stated to plaintiff that he was devoted in professional work ethic and bound by his duties, he had to investigate the matter to see if plaintiff was telling the truth about the incident that transpired on October 28 2011. Dr. Woods investigated plaintiffs story by asking co-workers of his. He found out that plaintiff was targeted and denied medical treatment, and that Defendants Kartan, Sgt. Nash did'nt write a disciplinary infraction in an effort to conceal the entire incident by sweeping it under the rug. Covertly Dr. woods felt that it was so indignant that Dr. Woods signed a statement as a witness in plaintiff's defense, dated January 19 2012. Dr. Woods asked plaintiff did he file a grievance, plaintiff answered that he filed grievances through Stateville C.C internal grievance system.

On February 8 2012, approximately 9:00 pm, defendant john Doe nurse while passing out prescription medication on Five gallery of E-house stopped in front of cell 522 which is plaintiff's cell. The same nurse from prior experiences after plaintiff has stated openly through grievance and letter to mark Hale, Ceo of Wexford Health Sourees, medical director of Wex-

ford Carter, Dr. Kelly, Dr. Kartan, Warden Marcus Hardy, I.D.O.C director S. Godinez, Sarah Johnson ARB member, Counselor S. Sanders. Plaintiff stated to defendant nurse John Doe that he didn't want any anti depressant medication and that he the plaintiff was suffering from injuries, blurred vision, eye pain, dizziness upon standing, migraine headaches, trouble swallowing, short term memory loss, it was deliberately and maliciously ignored. Plaintiff stated to nurse defendant John Doe that he's wrote letters also to Boswell Pharmacy alerting them of what they already knew numerous times from plaintiff, to stop providing defective medication, Trazodone and Remeron which intentionally inflicts pain causing injury, plaintiff explained that he had wrote the federal Food and Drug Administration in regards to them, to not allow Boswell Pharmacy Service and Wexford Health Sources and Medicine Manufacturers to stop making the defective drugs. It's been to no avail. Deliberately ignored plaintiff was cut off by defendant John Doe, the nurse saying "Stop your crying Boyce, now your little inmate loving good samaritan officer C. Terry is'nt around to tell on me tonight, we have a Code of Silence around here with co-workers we help each other -now take this medication, don't be shy." Plaintiff refused, then defendant John Doe threatened to write plaintiff up for a Disciplinary segregation infraction. plaintiff took the defective harmful medicine, then nurse walked off saying enjoy your medicine. Defendant forced plaintiff to take the harmful meds deliberately and sadistically. Plaintiff started crying in pain, suffering from dizziness upon standing, blurred vision, migraine headaches, trouble swallowing, short term memory loss.

On February 29 2012 plaintiff was scheduled to see defendant Dr. Kelly to have a scheduled appointment. Plaintiff asked Dr. Kelly why he was writing false statements in plaintiff's medical file saying plaintiff was a no show on February 21 2012, Feb. 14. 2012, knowing that you sent plaintiff late hospital passes. Defendant Dr. Kelly said "You can't prove it" Defendant Dr. Kelly said to plaintiff "you see when you started writing my boss complaining last time. Dr. Kartan and I put Sgt. Nash on you, How is that wrist treating you. If you file a lawsuit, I will never admit to any wrong doing" Plaintiff explained to defendant Dr. Kelly that his eyes hurt, blurred vision, migraine headaches from the medicines of Trazodone and Remeron. Plaintiff asked defendant Kelly why would you prescribe me medications Trazodone, Remeron knowing that they cause injury. Defendant Kelly responded saying "I didn't write the movie, i'm just in it. It's a billion dollar a year

dollar a year business, your eyes hurt, your head hurts, really who in actuality cares. Yes indeed Boswell is Stateville's pharmacy service, whom serves inmates here. Yes indeed they know that the meds are defective. I am a Psychiatrist, I prescribed you the medication Trazedone, Remeron. Yes indeed I knew it was a possible risk of injury, no I didn't inform you of the side effects. Yes indeed the pharmaceutical companies know the drugs, Trazodone, Remeron was defective in some patients. Its clinical trials that show that. Defendant Dr. Kelly continued to inform plaintiff that his prestigious attorneys would get the case thrown out, it wouldn't make it to trial, and that plaintiff was nothing more than an un-educated crack baby because he was born in the 80's, plaintiff so upset kept his thoughts and comments to himself and walked off so plaintiff wouldn't say anything unpleasant to Defendant Dr. Kelly.

Plaintiff wrote defendants letters and grievances in good faith to exhaust plaintiff's Administrative remedies through Stateville internal grievance system. Defendant Counselor S. Sanders, Grievance officers Colleen Franklin/A. McBee, Warden Marcus Hardy, ARB Member, Sarah Johnson, Director of I.D.O.C S. Godinez hindered plaintiff's grievance procedure. Plaintiff even wrote to the attorney generals office asking the atty General to rectify the the growing grievance problem in Stateville with prison officials hindering inmates like plaintiff grievances. Atty General wrote plaintiff back saying basically we work for the state officials and cant help you.

Plaintiff was denied health Care for months after writting grievances and letters. He dropped Medical Request in unit Medical Box and was deliberately denied Health Care by the following defendants, Dr. Carter, Dr. Williams, Ceo Mark Hale, Warden Marcus Hardy, Director S. Godinez. Plaintiffs has been complaing writting request and grievances regarding his blurred vision, Migraine headaches, trouble swallowing, Dizziness upon standing, my wrist injury, which all stems from regarding the same on going defendant. On April 6 2012, the defendant provided health care for the first time, they prescribed a medication called Analgesic Balm, its a muscular pain reliever cream (It some what helped my wrist).

Plaintiff in good faith has sent letters to the U.S Food and Drug Administration. Margaret A. Hamburg, Deborah M. Autor, Jesse I. Goodman, Molly Muldoon, Spielberg asking defendants to force pharmaceutical Companies Of Trazodone, Remeron to stop the sell of the defective medicines that ca-

used and inflicted pain on patients such as the plaintiff and to start making Boswell Pharmacy Service employees and officials to stop selling the hazardous defective meds of Trazodone and Remeron inflicting pain on plaintiff. Plaintiff asked defendants to start putting warning labels on the psych medications side effects. Defendants knew the drugs, medicines-Trazodone, Remeron caused substantial risk to patients and ignored that risk for financial gain deliberately causing and inflicting pain maliciously. Defendants inadequately FDA approved the drugs Trazadone, Remeron, ignoring plaintiffs request through letters, plaintiff stated that he was ill as a direct result of the harmful meds.

Claim(1), Defendants deliberately and sadistically violated plaintiffs 8th Amendmant Right to be free from Cruel and unusual punishment, which is guaranteed by the United States Constitution. Plaintiff suffered a violation of his 8th amendmant right when defendants working in conspiracy with prison officials to inflict pain on plaintiff through the use of harmful and defective medication. Psychotrohic medicines called Trazodone, defend-
ants Dr. Kartan and Dr. Kelly prescribed plaintiff defective medicine Trazodone solely to inflict pain due to the fact defendants Kelly, Kartan knew of a substantial possible risk to plaintiffs health would possibly diminish from the anti-depressant psych medicine-Trazodone. Prior to giving plaintiff said medication the defendants disregaured the risk to plaintiffs health working in conspiracy to hide dangerous side effects causing plaintiff needless pain and suffering in the process of this malicious act. This is a blatant disregard to the plaintiff 8th amedment right to be free from cruel and unusual punishment guaranteed by the U.S. CONstitution. Plaintiff still up to today suffers from the results of being victimized by being provided these defective harmful medications Trazodone, Remeron. Plaintiff suffers from Migraine headaches, Eye pains, Blurred Vision, Dizziness upon standing, Short term memory loss, Trouble swallowing. This was maliciously done to plaintiff with the intention to inflict pain by the above listed defendants.

Defendant Mark Hale is the Ceo of Wexford Health Sourees inc. whom has a contract with Stateville C.C to provide medical treatment to the inmates, these duties include prescribing medication that will CURE the individual and not cause further harm as it did in the plaintiffs case. Mark Hale was alerted by the plaintiff in regards to his underlings, which defendant Mark Hale already had prior knowledge that they were dispensing these harmful

drugs to inmates housed here at the Stateville C., these medications include the drugs(s), Trazodone and Remeron. Neither drugs have warning label that alerts the plaintiff of its harmful side effects so that he may have a CHOICE if he want to take the drug or not. This is done in an attempt to hide its deadly side effects in the name of profit rather than the over-all health and well being of the recipient of these harmful drugs. Mark Hale, the CEO of Wexford health sources had the powers at anytime to cease in the purchasing and dispensing these harmful, defective medicines (Trazodone, Remeron) Defendant Mark Hale knew of the substantial risk to plaintiff or any other person who will be forced to consume these drugs, oblivious to their harmful side effects because of the lack of warning labels. Had the drugs-medications that defendant was prescribed had such label, then he would have known beforehand that it would cause him to have blurred vision, migraine headaches, dizziness upon standing, short term memory loss, trouble swallowing. These dangerous side effects read off like a movie credit. Had plaintiff knew of these beforehand, then he would have NEVER taken the drugs, instead opting to take the disciplinary action threatened to him by defendant(s) dispensing these medications. These drugs have even caused death to consumers. Despite defendant Mark Hale knowledge have even caused death to consumers. Despite these above listed dangers, in which defendant Mark Hale had PRIOR knowledge of. . Disregarded these dangers in the name of profit, defendant(s) greed inflicted needless pain and suffering to plaintiff this is a violation of the plaintiff's 8th amendment right.

Defendant Nurse-John Doe knew of the health risk to plaintiff's health and disregarded the risk to plaintiff's health as he dispensed these harmful drugs on numerous occasions, even going as far as to threaten plaintiff with disciplinary action if he did not take these meds. Nurse-John Doe did this to solely inflict needless pain and suffering upon plaintiff, working in conspiracy to deprive plaintiff of his constitutional right to be free from cruel and unusual punishment guaranteed to plaintiff by the 8th amendment of the United States Constitution. Nurse-John Doe worked under the direction of Mark Hale, I. Carter-Director, Dr. Kartan, Dr. Kelly, Nurse-John Doe intentionally and maliciously inflicted needless pain and suffering to plaintiff.

Defendant-Warden Marcus Hardy was alerted by plaintiff through grievances and letters. He deliberately ignored plaintiff's complaints that was wrote in good faith to Defendant Director of Illinois Department of Corrections S. Godinez who I notified through letters and grievances in regards to plaintiff's discovery of of defendants-Boswell Pharmacy Services officials/Wexford Health Sourees inc. officials/Medicine Manufacturers was working in conspiracy to dispense cheaper defective harmful medications such as Trazodone and Remeron. Deliberately concealing warning labels for finacial gain even after knowing of the substantial risk to plaintiff's health. These cheaper defective medications cause blurred vision, eye pains, Dizziness upon standing, Shrt term memory loss, Migraine headaches, Trouble swallowing. Defendant-Warden Hardy duties consist of maintaining control, keeping ever inmate under his watch safe from HARM, Exploitation, provide adequate medical Treatmement. Warden Hardy could've at anytime stopped Defendants-Mark hale , Dr. Carter, Dr. Kelly, Dr. Kartan, Nurse-John Do, Boswell Pharmacy Services , Chief Admin. Officer-Kathleen Martella, President/Ceo of Boswell Pharmacy-Jackie Martella R.ph, Boswll purchasing manager Gary Pribozie . At anytime Warden Hardy could've stopped them from dispensing these defective harmful drugs within his facility. I.d.O.C Director-S. GODINEZ could have at anyt time stopped them as well. Instead both partie sat back and allowed the a above named defendants to dispence wharmful medications like Trazodone, Remeron without warning labels to unknowing consumers. They allowed above mentioned defendants to prescribe defective harmful medicines to solely inflict pain and suffering for monetary gain. Diliberately and maliciously defendants-Warden Marcus Hardy, Director S. Godinez disregarded plaintiff grievances and letters, turning a blind eye for finacial gain, in an effort to cut cost, due to budget cuts I.D.O.C have hired private companies that places profit over consumer well being. Defendants-Hardy and Godinez contracts outside of Department of Corrections so they won't have to pay for retirement pensions out of the State of Illinois pocket. This practice has allowed plaintiff to be exploited maliciously and diliberately, violating plaintiff's 8th admendment right garanteed by th U.S. Constitution. Defendants turned a blind eye as plaintiff clinged to his life in needless pain and suffering.

Defendants-Ceo/President, Purchasing Manager, Chief Admin. Officer, Kathleen Martella, Gary Prybozie, Jackie Martella R.ph, all had knowledge of the defective harmful anti-depressant drugs-Trazodone, Remeron was harmful

to plaintiff and others that were entrusted to their care. Defendants had full knowledge of the substantial risk that these drugs cause to consumers health causing massive injuries such as blurred vision, memory loss, eye pains, migraine headaches and in some cases Death. After plaintiff was injured, he notified the defendants-Boswell Pharmacy, Kathleen Martella, Gary Prybozie, Jackie Martella about the defective medicine-Trazodone. Plaintiff concerned about his and others well being asked defendant questions about these medications in question. Plaintiff also asked defendants could they begin to place warning labels on their medications, and to stop purchasing from certain pharmaceutical companies that are only interested in turning a profit. Plaintiff also asked defendants Gary Prybozie, Kathleen Martella, Jackie Martella to notify medicine manufacturers to stop selling the harmful defective medicines because plaintiff was suffering from its side effects. Defendants has been alerted by the plaintiff on numerous occasions. Above named defendants runs Boswell Pharmacy Services, which is the pharmacy of whom provides services to Stateville C.C. Defendants Gary Prybozie, Jackie Martella R.ph, Kathleen Martella all could have stopped dispensing the medicine at anytime. Instead Defendants deliberately and maliciously turned a blind eye for financial gain, deliberately inflicting pain and suffering to plaintiff, violating plaintiff United States Constitution Rights. *9th Amend. Dueart*

Defendant(s)-John Doe/Manufacturers of the anti-depressant drug, the pharmaceutical company to whom Boswell Pharmacy Services employees, Kathleen Martella, Gary Prybozie, Jackie Martella R.ph, they purchase these harmful, defective drugs-Trazodone, Remeron that caused the plaintiff to have blurred vision, eye pains, memory loss, dizziness upon standing, migraine headaches. Plaintiff is in dire pain and suffering as makers of the pharmaceutical drugs Trazodone, ~~Remeron~~. Defendants was well informed that their medicines would possible cause injury to plaintiff and other human beings that consumed it. Defendant(s)-John Doe/Medicine Manufacturers knew it was a risk of irreparable harm to patients whom consumed the drugs-~~Trazodone~~, Remeron, defendants-John Doe and associates Ceo, Director, president and chairman knew of the substantial risk where in some cases patients have died as a result of defendants -John Doe ignored the potential risk of injury through defective harmful meds, defendants sold the drugs to defendants-Boswell Pharmacy Service officials (Prybozie, J. Martella, K. Martella for financial gain disregarding the well known substantial risk to patients health like in the plaintiff's case.)

Defendants still sold the drugs-Trazodone and Remeron for financial gain and inflicted needless pain and suffering on plaintiff while working in conspiracy with the Stateville C.C, Boswell Pharmacy, it's only right that all the above named defendants share in the liability on the grounds that their harmful medicine is what caused plaintiff injuries and was distributed by other defendants whom either turned a blind eye as well as helped distribute Trazodone, Remeron deliberately to inflict pain on plaintiff for monetary gain. Defendants-John Doe Medical Manufacturers didn't put a warning label on medicines-Trazodone, Remeron in efforts to conceal the dangerous side effects working in conspiracy. This violated the plaintiff 8th amendment rights. Defendants-John Doe deliberately inflicted pain to defendant by disregarding the substantial risk to plaintiff's health causing irreparable injuries-Blurred vision, migrainr headaches,, dizziness upon standing, memory loss, trouble swallowing.

Defendants whom runs the United States Food and Drug Administration, Commissioner of food and drugs-Margaret a Hamburg, Deputy Commissioner of Global Regulatory Operations and Policy-Deborah M. Autor, Chief Scientist and Public Health-Jesse L. Good, Acting deputy commissioner for operations/ Acting chief operating officer-Molly Muldoon, Deputy commissioner for medical products and tabacco. Plaintiff wrote all the above defendants in good faith asking them to report my injuries' suffered as a result of taking the drugs-Trazodone, Remeron. I asked above defendants to force Boswell Pharmacy service officials /Medicine manufacturers of Trazodone employee's, officials/Prison officials. Plaintiff asked in good faith to compel the other defendant to stop distribute the harmful dangerous medicines, to enforce warning labels to inform consumers of dangerous side effects. Defendants from the U.S Drug and food Administration turned the blind eye because it would make them look bad because the FDA had approved an un-safe drug-Trazodone, Remeron. Continuing the infliction of needless pain and suffering to plaintiff. Defendants M. Hamburg, D. Autor, J. Goodman, Molly Muldoon, Stephen knew Trazodone caused death, Blurred vision, Migraine headaches, dizziness upon standing, memory loss, and even more side effects and still continued to let the product be sold to consumers. Plaintiff suffered irreparable injuries. Defendants continued to let Boswell Pharmacy officials/Wexford health care officials/Medicine manufacturers for Trazodone/Prison officials to keep inflicting needless pain and suffering to plaintiff in violation of his 8th amendment rights.

Claim(2) Defendant-Nurse John Doe forced plaintiff at least on two occasions to take these defective medications threatening him with a disciplinary ticket if he refused. This violated the plaintiff Due Process clause of the United States Constitution(14th Amendment) Plaintiff has the right to be free from unjustified intrusions into plaintiffs body. Which includes the right to refuse unwanted Medical treatment. Plaintiff intelligently exercised those rights by saying NO To the medication-Trazadone. Nurse-John Doe forced plaintiff to take the medication by threatening him with a disciplinary ticket for disobeying a direct order, which is a segregation infraction. Plaintiff in fear took the Med's. Defendants-John Doe's actions was such a departure from professional practice and standards. Plaintiff notified defendant-Dr. Kelly, Dr. Kartan, Dr. Carter, Ceo Mark Hale, Counselor S. Sanders, Director Godinez, Warden Hardy, all these defendants were notified in good faith by plaintiff either through grievances, letters or both. Their response was to deliberately ignore the plaintiff.

Claim(3) Dr. Kartan, Dr. Kelly forced plaintiff to take unwanted medications violating plaintiff's 14th admendment right. Plaintiff vehemently and consistently informed defendant Dr. Kartan, Dr. Kelly. Plaintiff notified both defendants that he did not want the medical treatment, defendants insisted that plaintiff take the un-wanted meds that gave plaintiff bad vision, migraine headaches, dizziness upon standing. Despite defendants knowledge that this plaintiff was experiencing these side effects, they still forced plaintiff to take these defective medications. This was a departure from professional practice. Plaintiff alerted Mark Hale, Warden Hardy, S. Sanders, Director Godinez, Dr. Carter, Sarah Johnson. This issue was deliberately ignored by the above listed defendants. Plaintiff sent letters and/or grievances in good faith to all of the above.

Claim(4) Defendant-Dr. Kartan targeted plaintiff at Statevill C.C Health Care Unit. While having a session with plaintiff, kartan asked plaintiff to sign documents to waive plaintiffs rights to sue defendant-Kartan.. When plaintiff refused, Kartan then called SGT Nash, Defendant-Nash deliberately placed plaintiff in handcuffs that were so tight that they cut off the blood circulation in plaintiff's wrist(s). This malicious act caused injuries to plaintiff's left wrist. Plaintiff notified the defendant-Sgt. Nash that his hand and wrist were hurting, Sgt Nash responded saying "Shut up **Chump**", then called the plaintiff out to a physical confrontation. Plaintiff told Sgt Nash

that he was not going to give him the benefit of a paid leave by fighting him. Plaintiff then explained to defendant that he needed medical treatment for what seemed like a broken wrist, as well as blurred vision, migraine h headaches. Defendant-Sgt Nash declined to allow the plaintiff the much needed medical attention that plaintiff sought. He also never wrote plaintiff any kind of disciplinary ticket in an attempt to cover up this entire incident. However, Dr. Woods investigated the issue and signed a statement in plaintiffs defense as a witness for the plaintiff being maliciously retaliated against in clear violation of plaintiff's 8th amendmant right.(U.S.CONSTITUTION) Plaintiff wrote grievances and letters alerting defendants in good faith. Defendants-Warden Hardy, Director Godinez, Dr. Williams, Dr. Carter, Sarah Johnson ARB Member, Mark Hale, these attempts to get the results that I sought were deliberately ignored by the defendants for months. The very first time that I seen a doctor was on April 6 2012 when defendant-Dr. Williams pre-scribed medication for plaintiff's wrist injury. The name of the medicatiOn is called Analgesic Balm, a muscular pain reliever. As a result of negligence on the part of all above named defendants, plaintiff's wrist still hurts.

Claim(5) Plaintiff wrote grievances to try and exhaust all his insternal remedies through Stateville's grievance system. Defendant-Counselor S. Sanders, Grievance officers McBee and Colleen, Warden Hardy, Sarah Johnson, Director Godinez all hindered plaintiff's grievance process. Plaintiff in good faith even wrote Lisa Manigan of The Attourney General's Office, explaining to the attorney general that prison officials was hindering plaintiff's grievance proceedures. In attorney general's reply to plaintiff letter, she stated that she could not help plaintiff because they worked for only state employees at her office. Defendant-Jerz hindered plaintiff's constitutional rights by hindering justice. Defendant Jerz is the records officer whom plaintiff has wrote in good faith requesting plaintiff's medical records of the mental health treatment that he's recieved since 2000. Defendant-Brenda Jerz says that she is buried in paperwork. Defendant Jerz had prior knowledge that her current position would require accessive paperwork. Defendant-Brenda Jerz is deliberately delaying plaintiff's medical records. Defendant-Lisa Weitekamp the freedom of information officer is hindering plaintiff from filing suit in the above civil case by not providing the first names of defendants Dr. Kartan, Dr. Kelly, Sergeant Nash. Plaintiff has wrote the defendant-Lisa Weitekamp in good faith to file a lawsuit.

Plaintiff was only familiar with defendants Nash, Kartan, Kelly last names, so plaintiff just only put last names in suit. There are probably other doctors with the same last names as Kelly, Kartan that work here at Stateville as well. The same goes for Sgt. Nash. Plaintiff was told by his legal adviser that he would possibly be penalized for just putting the defendants last name on the complaint. So plaintiff will just put these defendants down as John Does on the complaint.

III. List ALL Lawsuits you(and your co-plantiffs,if any)have filed in any state or federal court in the United States:

- A. Case Name/Docket Number: I Don't Remember
- B. Approximate Date of Filing I Don't Remember
- C. List all plaintiffs,Including any alias: Antonio Reed
- D. List all defendants: Wexford Health Sourees ,P. Ghosh
- E. Court Lawsuit was Filed.: Court of Claims
- F. Name of Judge assigned: Not Available
- G. Basic Claim Made: They gave me Medication thats used for
peoplle with H.I.V/AIDS and I have niether.
- H. Disposition of this case(Dismissed,Appealed,Pending) It was
dismissed because I did'nt have a doctor's affidavit .
- I. Approximate Date of disposition: Not Available

IF YOU HAVE FILED MORE THAN ONE LAWSUIT,THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER,USING THIS SAME FORMAT regardless of how many cases you have previously filed.YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY,AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLANTIFFS MUST ALSO LIST ALLL CASES THEY HAVE FILED.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

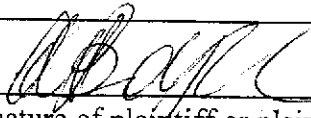
Plaintiff ask that he be fully examined by an outside physician
in hopes of rectifying his pains and injuries. Also to sue each
defendant in Punitive damages in the amount of 3,000,000 Dollars
in defendants individual and official capacity. Plaintiff ask that
him and prison officials whom are witnesses for plaintiff be free
retaliation in the future.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____


(Signature of plaintiff or plaintiffs)
Anthony Boyce

(Print name)
R5162

(I.D. Number)

P.O.Box 112

Joliet Illinois 60434

(Address)

(exhibit 4) continue page 8

Greetings Sirs:

I've had exhaustion problems in the past with Stateville C.C. personnel etc. hindering my due process referring to the grievance process so given those set of circumstances I've attached three grievances to this document involving staff misconduct, living conditions, health care etc. totthe parties below. John Howard association I ask that you send the exact grievance to the head counselor of Statwille C.C. to ensure my rights of due process of law. I've sent the head counselor the same grievance I am doing this to make sure its no way Illinois Department of Corrections employees can't avoid the question of the facts I tried to fully exhaust my administrative remedies.

CERTIFICATE OF SERVICE

To: Head Warden of Stateville C.C.
To: Head Counselor of Stateville C.C.
P.O.Box 112
Joliet, IL 60434

To: John Howard Association of Illinois
375 East Chicago Avenue
Chicago, IL 60611

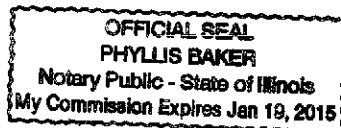
Please be advised that on Nov 01, 2011, I, Anthony Boyce, caused to be mailed the attached document and grievance to the above named parties by placing it in the internal mail system at Stateville C.C. The postage required for the envelope that was needed to be mailed via the U.S. postal service was prepaid.

I swear under penalty of perjury that the foregoing is true and correct.

Signed: A Boyce
Anthony Boyce
R-52162
P.O.Box 112
Joliet, IL 60434

Subscribed and Sworn to before
me this 1st day of November, 2011.

Phyllis Baker
Notary Public



(exhibit 9) continue page 9



John Howard Association of Illinois

375 East Chicago Avenue, Suite 529 Chicago, IL 60611
Tel. 312-503-6300 Fax. 312-503-6306 www.thejha.org

December 20, 2011

Anthony Boyce #R52162
Route 53
P.O. Box 112
Joliet, IL 60434

Dear Mr. Boyce,

We received your three letters dated October 27, 2011, November 1, 2011 and November 22, 2011.

Our responses are as follows:

1. Letter dated October 27, 2011. You are suffering from a series of health related issues and you are not getting proper medical treatment. You must file a grievance on this issue. If your grievance is denied, you must appeal to the ARB and ask it to refer your medical treatment grievance to Dr. Louis Shicker, the IDOC Medical Director, for a final medical review. Dr. Shicker is the only person with the authority and medical knowledge to determine proper medical treatment. No other person or entity has that authority and medical knowledge.
2. Letter dated November 1, 2011. You enclosed three grievances dated October 21, 2011, October 23, 2011 and October 29, 2011 and asked that we send these grievances to the head Counselor at Stateville C.C. The IDOC does not permit any outside agency such as ours to get involved in the grievance procedure. You have already sent your grievances to the head Counselor. That is sufficient. We are returning your grievances.
3. Letter dated November 22, 2011. You enclosed a grievance dated November 8, 2011 that you want us to send to the Grievance Officer. We are returning that grievance since we are not permitted to get involved in the grievance procedure. You also asked that we direct Brenda Jerz, Records Officer, to give you your medical, dental and psych records from 2008 through 2011. We have no authority to direct Brenda to do anything. We have no authority over any IDOC employee. You should consult with your Counselor on this issue.

Sincerely,

John Howard Association Staff

exhibit 9 continue

page 13

Greetings Sirs:

On November 1, 2011 I sent a certificate of service with three grievances attached via mail to head counselor S. Vaznis and to counselor S. Sanders, John Howard Association of Illinois it was to no avail. On November 23, 2011 while living in unit E-house in Stateville C.C. Counselor Sanders brought the exact three grievances with her writing on one saying she didn't accept duplicate grievances. She needs the originals. So I re-typed the grievances and sent them to Counselor Sanders once again on November 25, 2011 via mail Stateville Internal mailsystem. On December 1, 2011 I saw counselor Sanders and asked her about my grievances she said she didn't know. This is a systematic pattern of prison officials deliberately differencing my due process of law. Because prison officials know a State prisoner can't take any further steps legal until he or she has fully exhausted every available administrative remedy such as (a) going to the facility of Stateville C.C. counselors (P) going to the grievance officer, (c) if that doesn't work go to the ARE (d) the grievance process is simple (E) I am putting you all on judicial notice writing an emergency grievance to the warden, counselor, grievance officer to attempt to rectify my issues to seek justice to stop present and future injury. (F) This is cruel and unusual punishment I am in pain as a result of taking Trazodone, Remeron. (G) I need to see an optometrist, medical physician my eyes hurt, troubles swallowing, migraine headaches etc. I've complained its been deliberately ignored. (H) The freedom of information officers are deliberately holding knowledge of defendants names. (I) The records office is withholding my medical records (J) You all leave me no choice but to try to seek justice in the honorable courts please respond back in a timely manner.

Judicial Notice

To: Stateville C.C. Optometrist, P.O. Box 112 Joliet, IL 60434

To: Medical Director of Stateville C.C./Wexford Health Sources Inc., I. Carter
P.O. Box 112 Joliet, IL 60434To: Medical Doctor L. Williams Stateville C.C./Wexford Health Sources Inc.
P.O. Box 112 Joliet, IL 60434To: Records Officer of Stateville C.C. Brenda Jenz
P.O. Box 112 Joliet, IL 60434To: Pamela J. McGuire Circuit Court Clerk of Will County
14 West Jefferson St
Joliet, IL 60432To: Grievance officer of Stateville C.C. Ann McPhee/ Colleen Franklin
To: Head Warden of

Stateville Marcus Hardy.

P.O. Box 112 Joliet, IL 60434

Please be advised that I Anthony Boyce, caused to be mailed the attached letter to the above named parties via the internal mailsystem at Stateville C.C.

I Swear under penalty of perjury that the foregoing is true.

Subscribed and Sworn to before me this
day of , 2011

Notary Public

with grievances
sent out on
Dec 01
2011

Anthony Boyce
Anthony Boyce, P-52162
P.O. Box 112
Joliet, IL 60434

FILED
11 DEC -6 PM 4:05
JAIL COUNTY, ILLINOIS

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Continue

Date: 10-21-11	Offender: Anthony Boyce (Please Print)	ID#: R-52162
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input checked="" type="checkbox"/> Other (specify): living conditions <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: This grievance pertains to my United States constitutional rights being violated on a daily basis deliberately by Illinois Department of corrections employees etc. Claim 1, Stateville C.C. has not issued me a winter coat which its fall/winter like weather that has my chest hurting from mucus from colds walking in rain with 30 something degree temperatures freezing causing pain and suffering to inmates such as myself. Claim 2, the coats that Stateville C.C. and all Illinois department of Correctional facilities coats are like wind breakers and don't stop the winter like Illinois climate which is brutal causing sickness and pain and suffering to me and other inmates around Illinois (SEE BACK) Relief Requested: To have stateville C.C. to culminate to the occasion of the honorable United States Constitution		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature: <i>[Signature]</i> ID#: R-52162 Date: 11.1.11 (Continue on reverse side if necessary)		

Counselor's Response (if applicable)

Date Received: 10-25-11	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62764-9277
Response: WE do not accept copies of grievance Please forward original grievance		
Print Counselor's Name: Sanders	Counselor's Signature: <i>[Signature]</i>	Date of Response: 10-30-11

EMERGENCY REVIEW

Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: _____	

 RECEIVED
 DEC 27 2011
 OFFICE OF
 INMATE ISSUES

Continue
page 17

DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: Dec 1 2011 Offender: Anthony Rouse (Please Print) STA # Facility where grievance issue occurred: Stateville

Present Facility: Stateville

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input checked="" type="checkbox"/> Other (specify): <u>Mental health</u>
<input type="checkbox"/> Disciplinary Report			

Date of Report: Facility where issued:

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: This grievance is not limited to the claims that is cited in this grievance grievant United States Constitutional rights are being violated consistently and deliberately by prison officials, Roswell Pharmacy Service employees/Venford Health Sources employees/ the medicine manufacturers of the drugs Trazodone/Remeron etc. (CLAIM 1) Dr. Kelly a Venford Health sources Inc/ Stateville employee prescribed the antidepressant meds knew the drugs would cause me to have blurred vision, dizziness problems, swallowing migraines head aches (A) Despite Dr. Kelly and his co-workers etc. Had knowledge of the meds I asked him before taking the meds what was the side effects of Remeron, he said it was nothing to worry about just an increase in appetite which was a lie (B) It is not any kind of warning label on the medicine that's distributed by employees at Stateville G.C. (C) I've complained constantly to see an ^{evs} doctor its been to no avail deliberately ignored this is cruel and unusual punishment (See back)

Relief Requested: For Stateville employees to culminate to the level of the honorable U.S. Constitution that this modern day society innocent declaratory judgement (that said deprivation is unconstitutional and injunctive relief (that the said acts be stopped) Penance punitive compensatory etc (See relief requested CMT)

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

A. Bapill Offender's Signature R-52162 ID# 12.02.11 Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 12/12/11

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name: Counselor's Signature: Date of Response:

EMERGENCY REVIEW

Date Received: 12/12/11

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Markus Hardy Chief Administrative Officer's Signature 12/12/11 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 10-23-2011	Offender: (Please Print) Anthony Royce	ID#: R-52162
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Disability
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Disciplinary Report:		<input type="checkbox"/> HIPAA
Date of Report: / /	Facility where issued: / /	<input checked="" type="checkbox"/> Other (specify): healthcare/ living conditions
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>Claim1, upon being prescribed the anti-depressant medication Remeron I noticed a slight change in my vision and migraine headaches. So I informed psychiatrist Dr. Kelly whom is a Stateville C.C./Wexford Health Sources Inc. employee assured me Remeron had no side affects just an increase in appetite. So eventually the Dr. Kelly changed my prescription to the anti-depressant medication trazodone which made my vision worse and migraine headaches. The doctor in question said its nothing wrong with you it just takes time for you to get used to the medications. My vision has not fully came back it impaired at this time pain and swelling, migraines (see back)</u></p>		
<p>Relief Requested: <u>X To see an optometrist, psychiatrist, medical physician, dentist, to be free from deliberate indifference.</u></p>		
<p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<p>Offender's Signature: <u>[Signature]</u></p>		<p>ID#: <u>R-52162</u> 11.01.11</p> <p>Date</p>
<p>(Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)	
Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer
<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____	

Print Counselor's Name	Counselor's Signature
	Date of Response

EMERGENCY REVIEW	
Date Received: / /	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance	
<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	Date

RECEIVED
DEC 27 2011
OFFICE OF
STATE ISSUES

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

page 19

Date: 10-29-2011	Offender: Anthony Boyce (Please Print)	ID#: P-52162
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): Mental Health	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Claims cited in this very complaint are not limited

Brief Summary of Grievance:
 on October 28, 2011, I was scheduled to report to the Stateville C.C. healthcare unit upon arrival on or about 12:10 p.m. I was placed in the holding area known as the bullpen with other inmates around 12:40. I was called to the back room to have a session with psychiatrist Dr. Kartan. I sat down in a chair in her office we began the session, she asked about my medical predicament I informed Dr. Kartan I was having stomach cramps, gum disease, heart pains, also I informed her Remeron, trazodone was making me dizzy and making my eyes hurt and was messing with my vision. She asked me to sign some papers. I told (seeback)

Relief Requested: (1) I ask that the inmates that was present at the hospital be interviewed by internal affairs. (2) for their to be absolutely no retaliation from Stateville C.C. employees/WExford Healthsources (seeback)

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: A Boyce ID#: P-52162 Date: 11.01.11

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name: _____ Counselor's Signature: _____ Date of Response: _____

EMERGENCY REVIEW

Date Received: _____

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: _____ Date: _____

RECEIVED
DEC 27 2011
OFFICE OF
INMATE ISSUES

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Last Name

First Name

MI

ID#

Facility:

☒ Grievance: Facility Grievance # (if applicable)

Dated:

or ☐ Correspondence: Dated:

Received:

Date

Regarding:

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide a copy of your written Committed Person's Grievance, DOC 0046 including the counselor's response if applicable).
- ☒ Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied by the facility, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62708

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ / _____ / _____
Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Sarah Johnson

Print Name

Sarah Johnson

Signature

12, 27, 11

Date

Distribution: Offender; Inmate Issues

page 21

Greetings Sirs:

I've had exhaustion problems in the past with Stateville C.C. personnel etc. hindering my due process referring to the grievance process so given those set of circumstances I've attached three grievances to this document involving staff misconduct, living conditions, health care etc. totthe parties below. John Howard association I ask that you send the exact grievance to the head counselor of Statville C.C. to ensure my rights of due process of law. I've sent the head counselor the same grievance I am doing this to make sure its no way Illinois Department of Corrections employees can't avoid the question of the facts I tried to fully exhaust my administrative remedies.

CERTIFICATE OF SERVICE

To: Head Warden of Stateville C.C.
To: Head Counselor of Stateville C.C.
P.O.Box 112
Joliet, IL 60434

To: John Howard Association of Illinois
375 East Chicago Avenue
Chicago, IL 60611

Please be advised that on Nov 01, 2011, I, Anthony Boyce, caused to be mailed the attached document and grievance to the above named parties by placing it in the internal mail system at Stateville C.C. The postage required for the envelope that was needed to be mailed via the U.S. postal service was prepaid.

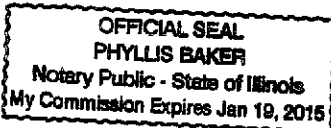
I swear under penalty of perjury that the foregoing is true and correct.

Signed: A Boyce

Anthony Boyce
R-52162
P.O.Box 112
Joliet, IL 60434

Subscribed and Sworn to before
me this 1st day of November, 2011.

Phyllis Baker
Notary Public



RECEIVED

DEC 27 2011

OFFICIAL SEAL

(exhibit 6) continue

Counselor's Response (if applicable)		
Date Received: _____ / _____ / _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____ _____		
Print Counselor's Name _____	Counselor's Signature _____	Date of Response _____ / _____ / _____

EMERGENCY REVIEW	
Date	
Received: <u>1.4.12</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Marcus Harley</u> Chief Administrative Officer's Signature	<u>1.5.12</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Copy

page 23

Date: <u>Nov 19, 11</u>	Offender: (Please Print) <u>Anthony Boyce</u>	ID#: <u>R-52162</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: on Oct 28, while at Health care unit while having a session for mental health with DR KARTAN she began to state I know your trying to file a lawsuit your not gonna get a dime we can tell other inmates anything the staff here tells them to say for a sandwich you've been writing up my Boss Dr Kartan called Sergeant Nash back there he came running placing me in handcuffs so tightly it cut my blood circulation off in my fingers my left wrist was hurting, I told him he told me to shut up Chump Sergeant Nash secluded me in a small full pen cuffed up in front of other inmates and staff challenging me into a fight I stated I am not gonna help

Relief Requested: to have this matter fully investigated by Sergeant Nash and Nurse Smith to be reprimanded without pay for violating my rights etc. to be seen by medical, mental health physicians to have Stateville

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

A Boyce
Offender's Signature

R-52162
ID#

Nov 19, 11
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer
<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____	

Print Counselor's Name	Counselor's Signature
	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance	
<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

E 522

Date: 02-10-12	Offender: (Please Print) Anthony Boyle	ID#: R-52162
Present Facility: Stateville	Facility where grievance issue occurred:	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Disciplinary Report: _____			

Date of Report: _____

GRIEVANCE OFFICE
FEB 543

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: ON Feb 08, 12 around 9.00 pm when I have reason to believe name is nurse Smith was passing out meds on five gallery of E-house she stopped at my cell and tried to give me a 50 gram pill of that Olanzapine anti-depressant medicine. I notified her as she already knew from prior incidents months ago my vision was blurred at times migraine head aches at times bad vision at times and a slight change in short term memory at times and troubles swallowing at times like almost a good 20 hours a day I experienced these extremely painful pains as a result

Relief Requested: to have this method identified to prevent further damages and for the warden to notify everyone named in this grievance of what I am saying

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID#: R-52162 Date: 02.10.12

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer
<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____	

Print Counselor's Name	Counselor's Signature
	Date of Response

EMERGENCY REVIEW	
Date Received: 2/16/12	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <u>[Signature]</u>	Date: <u>2/17/12</u>

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

(EXHIBIT 6) CONTINUE

Date: 01-01-2012		Offender: (Please Print) ANTHONY BOYCE	ID#: R-52162
Present Facility: Stateville		Facility where grievance issue occurred: Stateville	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: _____		GRIEVANCE OFFICE <input type="checkbox"/> Disability <input type="checkbox"/> HIPAA 04 2012 <input type="checkbox"/> Other (specify): STA# 4685	
Date of Report: _____		Facility where issued: _____	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Claim (1) I've relentlessly have complained via grievances requests concerning my dire medical needs for months concerning being exposed to hazardous medicines Trazodone, Risperidone which has caused my vision to decline, dizziness, troubles swallowing at times, migraine headaches as a result of the above medicine. My requests etc have been deliberately ignored by Stateville C.C. medical staff to see optometrist medical physician.

Claim(2) prison officials are working in conspiracy with Boswell pharmacy services officials etc, Wexford Health Sources Inc. Officials etc, medicine manufacturers to deprive me of my United States Constitutional rights by knowingly and deliberately dispensing hazardous meds etc. to prisoners that's known cause a serious health risk to substantiate my facts of this ongoing conspiracy. (A) I saw nurse Smith in December of 2011 on five gallery of E-house we both spoke about an incident (See Back)

Relief Requested: (1) for Stateville etc. to culminate to the U.S. Constitution that this modern area accepts (2) to be seen by optometrist, medical physical (3) for I.D.O.C. to stop dispensing hazardous meds that create needless suffering.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID# R-52162 Date 01, 01, 2012

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW		
Date Received: <u>1.4.12</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance	
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature: <u>[Signature]</u>		Date: <u>1.5.12</u>

(exhibit 6) continue

page 26
April 04, 12

to

greeting Mrs SARAH Johnson ARB Director godinez
 My name is Anthony Boyce R-52162 I
 am writing you in regards to try to exhaust
 me administrative remedies the grievance
 attached NOV 19, 11 the counselors office
 just told and just gave me the run around
 saying its no Designated time for the counselors
 office to respond counselor is sanders
 its a emergency grievance I wrote Jan 01, 12
 attached grievance number 4685 I received
 its stale out Dated grievance past my appeal the
 Date received was March 24, 12 which was
 past my appeal Date I wrote the warden to
 rectify this problem he turned the Blind eye
 as on March 24, 12 I received another
 stale emergency grievance I wrote
 Feb 12, 12 it was stale and out Dated
 the warden did nothing I ask that you
 give me a Break and rectify this matter
 the only person you can appeal a emergency
 grievance to is the Director godinez
 this always happens with grievances

Thank S

(exhibit 7)

page 27

On about 9.00 pm a Hosky set nationality white woman was passing out medz, I informed her my eyes have been hurting for months and migraine headaches as a result of taking the exact medz she was trying to give to me which was trazodone she offered me no medical care which is Deliberate indifference officer that accompanied the nurse officer & Terry did his job by informing the medical staff of stateville & I was in dire extreme pain etc I am gonna ask him to sign his signature and Date to verify this statement of this account also she said of course Kelly, Boswell pharmacy, medicine man where not known to be bad

mediation → E. J. Kelly E-1 House officer 11-09-11 X signature

If you hear the incident please sign above sir.
I am not racist I just trying to
Describe the nurse Nov 09, 11

(exhibit 8)

1/19/12 page 28

ON JAN 19, 2012 I Anthony Boyce, SAT
 Down for a routine Appointment with psychologist
 Dr C Woods to have a session in this
 talk we had I revealed I was being
 targeted by some stateville staff for retaliation
 I explained to Dr woods on Oct 28, 2011
 psychiatrist Dr KARTAN while having a session
 went in to a tirade with saying your waiting
 up my boss your trying to file a law suit swearing
 at me when she called Sergeant Nash whom
 at that time became verbally provocative by
 challenging me putting me in hand cuffs in
 a Hospital bullpen saying to me we can do it
 which means in prison slang we can fight after
 Nash saw I wasn't gonna respond in a negative
 way he slammed the Bullpen Door very hard my wrist hurts
 I told him I am not gonna help you by fighting
 with you so you can get pay's off with pay and
 so you can file a lawsuit saying I D O C Didn't
 provide you with a safe job etc Dr woods want
 and investigated my allegations to see if they
 was true by asking some of the staff that was
 present on Oct 28, 2011 like officer A. Taylor
 if this is so per your investigation Dr woods
 I am asking you to do your job. And Woods did

(exhibit 9)

page 29



ABOUT US
CORRECTIONAL
FACILITIES
NURSING HOMES
ASK THE EXPERT
NEWSLETTER
CONTACT US

Contact Us

For more information on Boswell Pharmacy services please call us or e-mail us at any of the addresses below:

Boswell Pharmacy Services
131 Schoolhouse Road
Jennerstown, PA 15547
(888) 688-3288

General Information:

information@boswellpharmacy.com

President/CEO, Jackie Martella, R.Ph:
jmartella@boswellpharmacy.com

Chief Administrative Officer, Kathleen Martella :
kmartella@boswellpharmacy.com

National Account Manager, Daniel Golby:
dgolby@boswellpharmacy.com

Billing Manager, Terri Pingley:
tpingley@boswellpharmacy.com

Purchasing Manager, Gary Pribozie:
gpribozie@boswellpharmacy.com

You can fill out an employment PDF application here. Please mail to us when complete.

Site Designed by Open Door Visions | © 2004 Boswell Pharmacy Services
Martella's Pharmacy

(exhibit 10)

page 30

Greetings Sirs:

My name is Anthony Boyce R-52162, I am incarcerated in Stateville Correctional center I am ill my eyes hurt, my vision is blurred, I have migraine head aches sometimes, my swallowing is impaired, I am now experiencing short term memory loss as a result of being exposed unknowingly and excessively to defective harmful medication, trazodone and remeron. Which are anti-depressant medicines why is these drugs still being distributed when its obvious to the medical world such as doctors, psychiatrists, pharmacists, medicine manufacturers of trazodone, remeron are defective harmful to health why is it no warning label on the medicines trazodone, remeron? I've wrote to Boswell Pharmacy services located at 131 Schoolhouse Road Jennerstown PA 15547 president/ceo Jackie Martella Rph, Chief administrative officer Kathleen Martella purchasing manager. Gray pribozie has been notified to inform the medicine manufacturers I've suffered injuries from their products Boswell Pharmacy Service officials have failed to respond or haven't complied with my request to start warning consumers of the risks of the dangerous side effect of remeron, trazodone and I asked them to stop selling the drugs. The same requests have went to Wexford Health Sources Inc. Mark Hale the CEO, his underling, psychiatrist Kelly, psychiatrist Kartan. Wexford Health sources are the facility of Stateville's private health care providers located at he ehed office at 625 Holiday Dr. Foster Plaza 2 Pittsburgh PA 15520 has refused to comply with my letters and demands also. I've wrote IDOC officials its been ignored please FDA officials could you stop the sale of those drugs trazodone, remeron. Start making the manufacturers put every warning label on the medicine to inform consumers, also force the psychiatrists of the medical personnel to warn patients. Also could you send me the name and addresses of the pharmaceutical companies of whom Boswell Pharmacy which provides medicine for Stateville C.C. whom Boswell pharmacy purchases the medicines in the powder pill form trazodone, remeron from for legal reasons only because they're defendants in the lawsuit I need that information please ASAP. Someone has to make a legal stand they've been giving people defective medicines for years ignoring the substantial risk of harm for monetary gain in violation of federal law. Also I ask that you all inform the medicine manufacturers to please write me back.

CERTIFICATE OF SERVICE

TO: U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

To: Commissioner of Food and Drugs
Margaret A. Hamburg

TO: Deputy Commissioner for Global Regulatory Operations and Policy
Deborah M. Autor

To: Chief Scientist and Deputy Commissioner for Science and Public Health
Jesse L. Goodman

To: Acting Deputy Commissioner for Operations/ Acting Chief Operating office
Molly Muldoon

To: Deputy Commissioner for Medical Products and Tobacco
Stephen P. Spielberg

Please be advised that on February 9, 2012, I Anthony Boyce, cause to be mailed the attached document by placing it in the internal mailsystem at Stateville Correctional Center to be mailed via the U.S. Postal Service the postage for which was pre-paid.

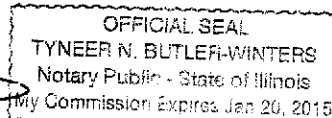
I, Anthony Boyce, swear the above is true under penalty of perjury.

Signed:

Anthony Boyce
Anthony Boyce R-52162
Stateville C.C.
P.O. Box 112
Joliet, IL 60434

Subscribed and sworn to before me this
9 day of February 2012

Supernatural
Notary Public



(exhibit 11) page 31



U.S. Food & Drug Administration

About FDA

[Home](#) [About FDA](#) [FDA Organization](#)

FDA Leadership Profiles

Commissioner



Margaret A. Hamburg, M.D.¹
Commissioner of Food and Drugs

Deputy Commissioners



Deborah M. Autor, Esq.²
Deputy Commissioner for Global Regulatory Operations and Policy



Jesse L. Goodman, M.D., M.P.H.³
Chief Scientist and Deputy Commissioner for Science and Public Health

Molly Muldoon
Acting Deputy Commissioner for Operations/Acting Chief Operating Officer



Stephen P. Spielberg, M.D., Ph.D.⁴
Deputy Commissioner for Medical Products and Tobacco



Michael R. Taylor, J.D.⁵
Deputy Commissioner for Foods, Office of Foods

Chief of Staff

Lisa Barclay
Chief of Staff

Chief Counsel

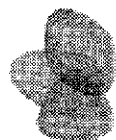
Elizabeth H. Dickinson, Esq.⁶
Acting Chief Counsel

Counselor to the Commissioner

John M. Taylor III, J.D.⁷
Counselor to the Commissioner

(exhibit 12)
continue

page 32

Drug Information Online
Drugs.com[Close](#) [Print this page](#)[Home](#) › [Drugs by Condition](#) › [D](#) › [Depression](#) › [Remeron](#) › [Side Effects](#)

Remeron Side Effects

Generic Name: *mirtazapine*

Please note - some side effects for Remeron may not be reported. Always consult your doctor or healthcare specialist for medical advice. You may also report side effects to the FDA.

Side Effects of Remeron - for the Consumer

Remeron

All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these most COMMON side effects persist or become bothersome when using Remeron:

Abnormal dreams; abnormal thinking; constipation; dizziness; drowsiness; dry mouth; flu symptoms; increased appetite; weakness; weight gain.

Seek medical attention right away if any of these SEVERE side effects occur when using Remeron:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); mouth sores; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, trouble sleeping, restlessness, or inability to sit still; red, swollen, blistered, or peeling skin; seizures; severe headache or dizziness; sluggishness; suicidal thoughts or actions; symptoms of infection (eg, fever, chills, sore throat); tremors; unusual or severe mental or mood changes; worsening of depression.

This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. To report side effects to the appropriate agency, please read the Guide to Reporting Problems to FDA.

Remeron SolTab Orally Disintegrating Tablets

All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these most COMMON side effects persist or become bothersome when using Remeron SolTab Orally Disintegrating Tablets:

continue

page 33

Abnormal dreams; abnormal thinking; constipation; dizziness; drowsiness; dry mouth; flu symptoms; increased appetite; weakness; weight gain.

Seek medical attention right away if any of these SEVERE side effects occur when using Remeron SolTab Orally Disintegrating Tablets:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); mouth sores; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, trouble sleeping, restlessness, or inability to sit still; red, swollen, blistered, or peeling skin; seizures; severe headache or dizziness; sluggishness; suicidal thoughts or actions; symptoms of infection (eg, fever, chills, sore throat); tremors; unusual or severe mental or mood changes; worsening of depression.

This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. To report side effects to the appropriate agency, please read the Guide to Reporting Problems to FDA.

Top

Remeron Side Effects - for the Professional

Remeron

Associated with Discontinuation of Treatment

Approximately 16% of the 453 patients who received Remeron® (mirtazapine) Tablets in US 6-week controlled clinical trials discontinued treatment due to an adverse experience, compared to 7% of the 361 placebo-treated patients in those studies. The most common events ($\geq 1\%$) associated with discontinuation and considered to be drug related (i.e., those events associated with dropout at a rate at least twice that of placebo) included:

Common Adverse Events Associated with Discontinuation of Treatment in 6-Week US Remeron Trials

Percentage of Patients Discontinuing with Adverse Event

Adverse Event	Remeron (n=453)	Placebo (n=361)
Somnolence	10.4%	2.2%
Nausea	1.5%	0%

Commonly Observed Adverse Events in US Controlled Clinical Trials

The most commonly observed adverse events associated with the use of Remeron (mirtazapine) Tablets (incidence of 5% or greater) and not observed at an equivalent incidence among placebo-treated patients (Remeron incidence at least twice that for placebo) were:

Common Treatment-Emergent Adverse Events Associated with the Use of Remeron in 6-Week US Trials

Percentage of Patients Reporting Adverse Event

Adverse Event	Remeron (n=453)	Placebo (n=361)
Somnolence	54%	18%
Increased Appetite	17%	2%
Weight Gain	12%	2%
Dizziness	7%	3%

Adverse Events Occurring at an Incidence of 1% or More Among Remeron-Treated Patients

The table that follows enumerates adverse events that occurred at an incidence of 1% or more, and were more frequent than in the placebo group, among Remeron (mirtazapine) Tablets-treated patients who participated in

short-term US placebo-controlled trials in which patients were dosed in a range of 5 to 60 mg/day. This table shows the percentage of patients in each group who had at least 1 episode of an event at some time during their treatment. Reported adverse events were classified using a standard COSTART-based dictionary terminology.

The prescriber should be aware that these figures cannot be used to predict the incidence of side effects in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other investigations involving different treatments, uses, and investigators. The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and nondrug factors to the side-effect incidence rate in the population studied.

INCIDENCE OF ADVERSE CLINICAL EXPERIENCES* ($\geq 1\%$) IN SHORT-TERM US CONTROLLED STUDIES

Body System Adverse Clinical Experience	Remeron (n=453)	Placebo (n=361)
Body as a Whole		
Asthenia	8%	5%
Flu Syndrome	5%	3%
Back Pain	2%	1%
Digestive System		
Dry Mouth	25%	15%
Increased Appetite	17%	2%
Constipation	13%	7%
Metabolic and Nutritional Disorders		
Weight Gain	12%	2%
Peripheral Edema	2%	1%
Edema	1%	0%
Musculoskeletal System		
Myalgia	2%	1%
Nervous System		
Somnolence	54%	18%
Dizziness	7%	3%
Abnormal Dreams	4%	1%
Thinking Abnormal	3%	1%
Tremor	2%	1%
Confusion	2%	0%
Respiratory System		
Dyspnea	1%	0%
Urogenital System		
Urinary Frequency	2%	1%

* Events reported by at least 1% of patients treated with Remeron are included, except the following events which had an incidence on placebo greater than or equal to Remeron: headache, infection, pain, chest pain, palpitation, tachycardia, postural hypotension, nausea, dyspepsia, diarrhea, flatulence, insomnia, nervousness, libido decreased, hypertonia, pharyngitis, rhinitis, sweating, amblyopia, tinnitus, taste perversion.

ECG Changes

The electrocardiograms for 338 patients who received Remeron (mirtazapine) Tablets and 261 patients who received placebo in 6-week, placebo-controlled trials were analyzed. Prolongation in QTc ≥ 500 msec was not

Exhibit 12 (continued)

Page 4 of 7
page 35

observed among mirtazapine-treated patients; mean change in QTc was +1.6 msec for mirtazapine and -3.1 msec for placebo. Mirtazapine was associated with a mean increase in heart rate of 3.4 bpm, compared to 0.8 bpm for placebo. The clinical significance of these changes is unknown.

Other Adverse Events Observed During the Premarketing Evaluation of Remeron

During its premarketing assessment, multiple doses of Remeron (mirtazapine) Tablets were administered to 2796 patients in clinical studies. The conditions and duration of exposure to mirtazapine varied greatly, and included (in overlapping categories) open and double-blind studies, uncontrolled and controlled studies, inpatient and outpatient studies, fixed-dose and titration studies. Untoward events associated with this exposure were recorded by clinical investigators using terminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of individuals experiencing adverse events without first grouping similar types of untoward events into a smaller number of standardized event categories.

In the tabulations that follow, reported adverse events were classified using a standard COSTART-based dictionary terminology. The frequencies presented, therefore, represent the proportion of the 2796 patients exposed to multiple doses of Remeron who experienced an event of the type cited on at least 1 occasion while receiving Remeron. All reported events are included except those already listed in the previous table, those adverse experiences subsumed under COSTART terms that are either overly general or excessively specific so as to be uninformative, and those events for which a drug cause was very remote. It is important to emphasize that, although the events reported occurred during treatment with Remeron, they were not necessarily caused by it.

Events are further categorized by body system and listed in order of decreasing frequency according to the following definitions: frequent adverse events are those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1000 patients; rare events are those occurring in fewer than 1/1000 patients. Only those events not already listed in the previous table appear in this listing. Events of major clinical importance are also described in the WARNINGS and PRECAUTIONS sections.

Body as a Whole: frequent: malaise, abdominal pain, abdominal syndrome acute; infrequent: chills, fever, face edema, ulcer, photosensitivity reaction, neck rigidity, neck pain, abdomen enlarged; rare: cellulitis, chest pain substernal.

Cardiovascular System: frequent: hypertension, vasodilatation; infrequent: angina pectoris, myocardial infarction, bradycardia, ventricular extrasystoles, syncope, migraine, hypotension; rare: atrial arrhythmia, bigeminy, vascular headache, pulmonary embolus, cerebral ischemia, cardiomegaly, phlebitis, left heart failure.

Digestive System: frequent: vomiting, anorexia; infrequent: eructation, glossitis, cholecystitis, nausea and vomiting, gum hemorrhage, stomatitis, colitis, liver function tests abnormal; rare: tongue discoloration, ulcerative stomatitis, salivary gland enlargement, increased salivation, intestinal obstruction, pancreatitis, aphthous stomatitis, cirrhosis of liver, gastritis, gastroenteritis, oral moniliasis, tongue edema.

Endocrine System: rare: goiter, hypothyroidism.

Hemic and Lymphatic System: rare: lymphadenopathy, leukopenia, petechia, anemia, thrombocytopenia, lymphocytosis, pancytopenia.

Metabolic and Nutritional Disorders: frequent: thirst; infrequent: dehydration, weight loss; rare: gout, SGOT increased, healing abnormal, acid phosphatase increased, SGPT increased, diabetes mellitus, hyponatremia.

Musculoskeletal System: frequent: myasthenia, arthralgia; infrequent: arthritis, tenosynovitis; rare: pathologic fracture, osteoporosis fracture, bone pain, myositis, tendon rupture, arthrosis, bursitis.

Nervous System: frequent: hypesthesia, apathy, depression, hypokinesia, vertigo, twitching, agitation, anxiety, amnesia, hyperkinesia, paresthesia; infrequent: ataxia, delirium, delusions, depersonalization, dyskinesia, extrapyramidal syndrome, libido increased, coordination abnormal, dysarthria, hallucinations, manic reaction, neurosis, dystonia, hostility, reflexes increased, emotional lability, euphoria, paranoid reaction; rare: aphasia, nystagmus, akathisia (psychomotor restlessness), stupor, dementia, diplopia, drug dependence, paralysis, grand mal convulsion, hypotonia, myoclonus, psychotic depression, withdrawal syndrome, serotonin syndrome.

Respiratory System: frequent: cough increased, sinusitis; infrequent: epistaxis, bronchitis, asthma, pneumonia; rare: asphyxia, laryngitis, pneumothorax, hiccup.

Skin and Appendages: frequent: pruritus, rash; infrequent: acne, exfoliative dermatitis, dry skin, herpes simplex, alopecia; rare: urticaria, herpes zoster, skin hypertrophy, seborrhea, skin ulcer.

Special Senses: infrequent: eye pain, abnormality of accommodation, conjunctivitis, deafness, keratoconjunctivitis, lacrimation disorder, glaucoma, hyperacusis, ear pain; rare: blepharitis, partial transitory deafness, otitis media, taste loss, parosmia.

Urogenital System: frequent: urinary tract infection; infrequent: kidney calculus, cystitis, dysuria, urinary incontinence, urinary retention, vaginitis, hematuria, breast pain, amenorrhea, dysmenorrhea, leukorrhea, impotence; rare: polyuria, urethritis, metrorrhagia, menorrhagia, abnormal ejaculation, breast engorgement, breast enlargement, urinary urgency.

Other Adverse Events Observed During Postmarketing Evaluation of Remeron

Adverse events reported since market introduction, which were temporally (but not necessarily causally) related to mirtazapine therapy, include 4 cases of the ventricular arrhythmia torsades de pointes. In 3 of the 4 cases, however, concomitant drugs were implicated. All patients recovered.

Cases of severe skin reactions, including Stevens-Johnson Syndrome, bullous dermatitis, erythema multiforme and toxic epidermal necrolysis have also been reported.

Top

Side Effects by Body System - for Healthcare Professionals

Nervous system

Although the exact incidence has not been reported, paresthesia appears to be a relatively common side effect of mirtazapine. Patients typically experience paresthesia in the extremities or generalized in the body. However, several cases of oral paresthesia associated with the orally disintegrating tablet have been reported. Patients have described a sensation of swelling in the mouth, numbness, and anesthesia. The symptoms occur shortly after ingestion and resolve after a few hours.

Nearly all selective serotonin reuptake inhibitors, mixed serotonin/norepinephrine reuptake inhibitors, and tricyclic antidepressants cause sleep abnormalities to some extent. These antidepressants have marked dose-dependent effects on rapid eye movement (REM) sleep, causing reductions in the overall amount of REM sleep over the night and delays the first entry into REM sleep (increased REM sleep onset latency (ROL)), both in healthy subjects and depressed patients. The antidepressants that increase serotonin function appear to have the greatest effect on REM sleep. The reduction in REM sleep is greatest early in treatment, but gradually returns towards baseline during long-term therapy; however, ROL remains long. Following discontinuation of therapy the amount of REM sleep tends to rebound. Some of these drugs (i.e., bupropion, mirtazapine, nefazodone, trazodone, trimipramine) appear to have a modest or minimal effect on REM sleep.

Nervous system side effects including somnolence (56%), headache (12%), dizziness (7% to 12%), insomnia (8%), abnormal dreams (4%), abnormal thinking (3%), confusion (2%), tremor (2%), sleep abnormalities, and paresthesia have been reported. Activation of mania and seizures have occurred rarely. One case of seizures, one case of akathisia, and one patient with a transient ischemic attack have also been reported.

Gastrointestinal

Gastrointestinal side effects including dry mouth (25%), increased appetite (17%), and constipation (13%) have been reported. Other reported gastrointestinal adverse effects have included diarrhea (9%), nausea (4%), vomiting, anorexia, cholecystitis, glossitis, and colitis. One case of subclinical pancreatitis has also been reported.

Metabolic

Metabolic side effects have been reported. Nonfasting triglyceride increases to greater than 20% above the normal upper limits have been reported in 15% of patients receiving mirtazapine in clinical trials. Weight gain has been reported in 12% of patients. Less frequently reported were peripheral edema (2%), thirst, and weight loss. In one small study, mirtazapine appeared to improve glucose tolerance by reducing cortisol secretion.

Exhibit 121
continue

page 37

Musculoskeletal

Musculoskeletal side effects including myalgia, arthralgia (2.4%), and myasthenia have been reported in less than 2% of patients receiving mirtazapine.

Numerous cases of mirtazapine-induced arthralgia have been reported. Symptoms tend to appear within 2 to 22 days of starting mirtazapine and resolve shortly after discontinuation of treatment.

Hepatic

Hepatic side effects including liver function test abnormalities (primarily ALT (SGPT) elevations greater than three times normal concentrations) have been reported in 2% of patients receiving mirtazapine. Patients typically did not develop signs or symptoms of hepatic dysfunction.

A case of mirtazapine-associated, dose-dependent asymptomatic elevation of liver enzymes has been reported. In this patient, elevated liver enzymes were discovered 3 months after starting mirtazapine (30 mg/day) and following a dose reduction (15 mg/day) liver enzymes decreased, but remained above normal. Liver enzymes returned to normal 2 months after discontinuation of mirtazapine.

Respiratory

Respiratory side effects including dyspnea (1%) have been reported.

Cardiovascular

Cardiovascular side effects including hypertension, vasodilation, angina pectoris, bradycardia, and ventricular extrasystoles have been reported infrequently.

Tachycardia, palpitation, chest pain, and postural hypotension were reported by at least 1% of patients in clinical trials, however, the incidence was less than that of placebo. ECG changes were also noted in 3% of patients. The incidence was similar to that of placebo and the changes were not considered clinically significant.

Hematologic

Coagulopathy (i.e., ecchymosis) developed in a patient three days after initiating mirtazapine therapy (30 mg/day). Following discontinuation of mirtazapine, prothrombin time, activated partial thromboplastin time, and international normalized ratio returned to normal and symptoms of ecchymosis disappeared.

Hematologic and lymphatic side effects such as lymphadenopathy, leukopenia, anemia, petechiae, thrombocytopenia, lymphocytosis, and pancytopenia have been reported but are uncommon. Agranulocytosis occurred in two patients and neutropenia in one patient during premarketing clinical trials. One case of coagulopathy has been reported.

Dermatologic

Dermatologic side effects including pruritus, rash, acne, dry skin, and alopecia have been reported infrequently. Postmarketing cases of severe skin reactions, including Stevens-Johnson Syndrome, bullous dermatitis, erythema multiforme and toxic epidermal necrolysis have also been reported.

General

General side effects have included asthenia (8%), flu syndrome (5%), and back pain (2%).

Ocular

Ocular side effects including eye pain, abnormality of accommodation, conjunctivitis, lacrimation, and glaucoma have been reported infrequently. A case of palinopsia has also been recorded.

Drug Information Online
Drugs.com(exhibit 13)
continuepage 39
Close Print this page

Home > Drugs by Condition > D > Depression > Trazodone > Side Effects

Trazodone Side Effects

Brand Names: *Desyrel, Oleptro*

Please note - some side effects for Trazodone may not be reported. Always consult your doctor or healthcare specialist for medical advice. You may also report side effects to the FDA.

Side Effects of Trazodone - for the Consumer

Trazodone

All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these most **COMMON** side effects persist or become bothersome when using Trazodone:

Blurred vision; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; headache; lightheadedness when sitting up or standing; muscle aches or pains; nausea; nervousness; stomach pain; stuffy nose; tiredness.

Seek medical attention right away if any of these **SEVERE** side effects occur when using Trazodone:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); black, tarry, or bloody stools; bloody or dark urine; chest pain; decreased coordination; fainting; fever, chills, or sore throat; hallucinations; irregular heartbeat; new or worsening agitation, anxiety, depression, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, trouble sleeping, or inability to sit still; prolonged, inappropriate, or painful erections; seizures; severe or persistent dizziness or tiredness; shortness of breath; speech problems; suicidal thoughts or actions; swelling of the hands, ankles, or feet; symptoms of low blood sodium levels (eg, confusion, persistent headache, trouble concentrating, memory problems, weakness, unsteadiness, sluggishness, personality changes); tremor; unusual bruising or bleeding; unusual weight changes; vomit that looks like coffee grounds; yellowing of the eyes or skin.

This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. To report side effects to the appropriate agency, please read the **Guide to Reporting Problems to FDA**.

Trazodone Extended-Release Tablets

All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these most **COMMON** side effects persist or become bothersome when using Trazodone Extended-Release Tablets:

Blurred vision; constipation; decreased sexual desire or ability; dizziness; drowsiness; dry mouth; headache; lightheadedness when sitting up or standing; nausea; tiredness.

(Exhibit 13)
CONTINUE

page 40

Seek medical attention right away if any of these SEVERE side effects occur when using Trazodone Extended-Release Tablets:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); black, tarry, or bloody stools; chest pain; decreased coordination; fainting; hallucinations; irregular heartbeat; new or worsening agitation, anxiety, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, trouble sleeping, or inability to sit still; prolonged, painful erection; seizures; severe or persistent dizziness; shortness of breath; suicidal thoughts or actions; swelling of the hands, ankles, or feet; symptoms of low blood sodium levels (eg, confusion, persistent headache, trouble concentrating, memory problems, weakness, unsteadiness, sluggishness, personality changes); tremor; unusual bruising or bleeding; vomit that looks like coffee grounds; worsening depression.

This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. To report side effects to the appropriate agency, please read the Guide to Reporting Problems to FDA.

Top

Trazodone Side Effects - for the Professional

Trazodone

Because the frequency of adverse drug effects is affected by diverse factors (e.g., drug dose, method of detection, physician judgment, disease under treatment, etc.) a single meaningful estimate of adverse event incidence is difficult to obtain. This problem is illustrated by the variation in adverse event incidence observed and reported from the inpatients and outpatients treated with Trazodone. It is impossible to determine precisely what accounts for the differences observed.

Clinical Trial Reports

The table below is presented solely to indicate the relative frequency of adverse events reported in representative controlled clinical studies conducted to evaluate the safety and efficacy of Trazodone hydrochloride.

The figures cited cannot be used to predict concisely the incidence of untoward events in the course of usual medical practice where patient characteristics and other factors often differ from those which prevailed in the clinical trials. These incidence figures, also, cannot be compared with those obtained from other clinical studies involving related drug products and placebo as each group of drug trials is conducted under a different set of conditions.

	Treatment-Emergent Symptom Incidence			
	Inpts.		Outpts.	
	T	P	T	P
Number of Patients	142	95	157	158
% of Patients Reporting				
Allergic				
Skin Condition/Edema	2.8	1.1	7.0	1.3
Autonomic				
Blurred Vision	6.3	4.2	14.7	3.8
Constipation	7.0	4.2	7.6	5.7
Dry Mouth	14.8	8.4	33.8	20.3
Cardiovascular				

*

Incidence less than 1%.

CONTINUE

page 41

Hypertension	2.1	1.1	1.3	*
Hypotension	7.0	1.1	3.8	0.0
Shortness of Breath	*	1.1	1.3	0.0
Syncope	2.8	2.1	4.5	1.3
Tachycardia/Palpitations	0.0	0.0	7.0	7.0
CNS				
Anger/Hostility	3.5	6.3	1.3	2.5
Confusion	4.9	0.0	5.7	7.6
Decreased Concentration	2.8	2.1	1.3	0.0
Disorientation	2.1	0.0	*	0.0
Dizziness/Lightheadedness	19.7	5.3	28.0	15.2
Drowsiness	23.9	6.3	40.8	19.6
Excitement	1.4	1.1	5.1	5.7
Fatigue	11.3	4.2	5.7	2.5
Headache	9.9	5.3	19.8	15.8
Insomnia	9.9	10.5	6.4	12.0
Impaired Memory	1.4	0.0	*	*
Nervousness	14.8	10.5	6.4	8.2
Gastrointestinal				
Abdominal/Gastric Disorder	3.5	4.2	5.7	4.4
Bad Taste in Mouth	1.4	0.0	0.0	0.0
Diarrhea	0.0	1.1	4.5	1.9
Nausea/Vomiting	9.9	1.1	12.7	9.5
Musculoskeletal				
Musculoskeletal Aches/Pains	5.6	3.2	5.1	2.5
Neurological				
Incoordination	4.9	0.0	1.9	0.0
Paresthesia	1.4	0.0	0.0	*
Tremors	2.8	1.1	5.1	3.8
Sexual Function				
Decreased Libido	*	1.1	1.3	*
Other				
Decreased Appetite	3.5	5.3	0.0	*
Eyes Red/Tired/Itching	2.8	0.0	0.0	0.0
Head Full-Heavy	2.8	0.0	0.0	0.0
Malaise	2.8	0.0	0.0	0.0
Nasal/Sinus Congestion	2.8	0.0	5.7	3.2
Nightmares/Vivid Dreams	*	1.1	5.1	5.7
Sweating/Clamminess	1.4	1.1	*	*
Tinnitus	1.4	0.0	0.0	*
Weight Gain	1.4	0.0	4.5	1.9
Weight Loss	*	3.2	5.7	2.5

*

Incidence less than 1%.

T = Trazodone Hydrochloride

P = Placebo

EXHIBIT 135
continue

page 4/2

Occasional sinus bradycardia has occurred in long-term studies.

In addition to the relatively common (i.e., greater than 1%) untoward events enumerated above, the following adverse events have been reported to occur in association with the use of Trazodone hydrochloride in the controlled clinical studies: akathisia, allergic reaction, anemia, chest pain, delayed urine flow, early menses, flatulence, hallucinations/delusions, hematuria, hypersalivation, hypomania, impaired speech, impotence, increased appetite, increased libido, increased urinary frequency, missed periods, muscle twitches, numbness, and retrograde ejaculation.

Postintroduction Reports

Although the following adverse reactions have been reported in Trazodone users, the causal association has neither been confirmed nor refuted.

Voluntary reports received since market introduction include the following: abnormal dreams, agitation, alopecia, anxiety, aphasia, apnea, ataxia, breast enlargement or engorgement, cardiospasm, cerebrovascular accident, chills, cholestasis, clitorism, congestive heart failure, diplopia, edema, extrapyramidal symptoms, grand mal seizures, hallucinations, hemolytic anemia, hirsutism, hyperbilirubinemia, increased amylase, increased salivation, insomnia, leukocytosis, leukonychia, jaundice, lactation, liver enzyme alterations, methemoglobinemia, nausea/vomiting (most frequently), paresthesia, paranoid reaction, priapism, pruritus, psoriasis, psychosis, rash, stupor, inappropriate ADH syndrome, tardive dyskinesia, unexplained death, urinary incontinence, urinary retention, urticaria, vasodilation, vertigo, and weakness.

Cardiovascular system effects which have been reported include the following: conduction block, orthostatic hypotension and syncope, palpitations, bradycardia, atrial fibrillation, myocardial infarction, cardiac arrest, arrhythmia, and ventricular ectopic activity, including ventricular tachycardia.

Top

Side Effects by Body System - for Healthcare Professionals

Nervous system

Nervous system side effects are common and include drowsiness and sedation in as many as 50% of treated patients. Dizziness (10% to 30%), sleep abnormalities, headache, fatigue and, more rarely, seizures, dystonia, akathisia, myoclonus, palinopsia (persistence or reappearance of an image of a recently viewed object), and extrapyramidal symptoms have been reported. One case of serotonin syndrome has been reported which is believed to have been precipitated by the combination of venlafaxine and trazodone.

Nearly all selective serotonin reuptake inhibitors, mixed serotonin/norepinephrine reuptake inhibitors, and tricyclic antidepressants cause sleep abnormalities to some extent. These antidepressants have marked dose-dependent effects on rapid eye movement (REM) sleep, causing reductions in the overall amount of REM sleep over the night and delays the first entry into REM sleep (increased REM sleep onset latency (ROL)), both in healthy subjects and depressed patients. The antidepressants that increase serotonin function appear to have the greatest effect on REM sleep. The reduction in REM sleep is greatest early in treatment, but gradually returns towards baseline during long-term therapy; however, ROL remains long. Following discontinuation of therapy the amount of REM sleep tends to rebound. Some of these drugs (i.e., bupropion, mirtazapine, nefazodone, trazodone, trimipramine) appear to have a modest or minimal effect on REM sleep.

Psychiatric

Psychiatric side effects have been reported and include mania, paranoia, hypomania (during and following therapy), increased libido, delirium, agitation, psychosis, hallucinations and self-destructive behavior.

Cardiovascular

Cardiovascular side effects including arrhythmias, hypotension, peripheral edema, postural hypotension, ventricular ectopy, ventricular tachycardia, torsades de pointes, rapid atrial fibrillation, heart block, and other conduction abnormalities have been reported.

{ exhibit 13 } / continue
page 43

Some investigators have suggested that trazodone exerts fewer adverse cardiovascular effects than many other antidepressants.

Genitourinary

Genitourinary side effects including priapism, clitoral priapism, ejaculatory inhibition, and anorgasmia have been reported.

Priapism has been rarely reported (0.01% to 0.1%). Priapism has occurred with doses of 50 to 150 mg daily and typically within the first 28 days of treatment. Approximately one-third of affected individuals have required surgical intervention. It has been suggested that trazodone's alpha-adrenergic blocking properties may contribute to the induction of priapism.

One case of spontaneous orgasms in an elderly postmenopausal woman has also been reported.

Other

Anticholinergic (and possibly alpha-adrenergic blocking) side effects have been reported, although much less frequently than with many other antidepressants. The effects reported include dry mouth, blurred vision, constipation, and urinary retention.

Hepatic

Hepatic side effects including cases of chronic active hepatitis and drug-induced hepatotoxicity have been reported rarely.

One case of severe hepatotoxicity followed a four day course of trazodone therapy.

Dermatologic

Dermatologic side effects including erythema multiforme, leukocytoclastic vasculitis, pustular psoriasis, drug eruptions, and acute peripheral edema have been reported rarely.

Hematologic

Hematologic side effects have included alterations in laboratory studies such as significant decreases in hematocrit, hemoglobin, red blood cell count, serum cholesterol, serum calcium, and serum albumin levels. Pseudoanemia (laboratory findings suggestive of anemia without pathologic significance) has been reported in 36% of treated patients.

Endocrine

Endocrine side effects have included hyperprolactinemia and hyponatremia (in association with the syndrome of inappropriate secretion of antidiuretic hormone).

Gastrointestinal

Gastrointestinal side effects have included dry mouth (up to 34%) and constipation.

Top

Disclaimer: Every effort has been made to ensure that the information provided is accurate, up-to-date, and complete, but no guarantee is made to that effect. In addition, the drug information contained herein may be time sensitive and should not be utilized as a reference resource beyond the date hereof. This information does not endorse drugs, diagnose patients, or recommend therapy. This drug information is a reference resource designed as supplement to, and not a substitute for, the expertise, skill, knowledge, and judgement of healthcare practitioners in patient care. The absence of a warning for a given drug or drug combination in no way should be construed to indicate that the drug or drug combination is safe, effective, or appropriate for any given patient. Drugs.com does not assume any responsibility for any aspect of healthcare administered with the aid of information provided. The information contained herein is not intended to cover all possible uses,

(Exhibit 14)

continue page 45

STATEVILLE CORRECTIONAL CENTER
Notification Of Appointment to HCU

Page# _____

Name Boyce Number R52162 Date 2-14-12
Cell# E522 Time to Report 3:40 Assignment _____

☐ Lab ☐ X-Ray ☐ Dietician ☐ Seizure Clinic
☐ E.R. ☐ OPTH ☐ Infirm Adm ☐ Diabetic Clinic
☐ P.T. ☐ ORTHO ☐ M.D. in E.R. ☐ Hypertensive Clinic
☐ OPT ☐ Dental ☐ Asthma Clinic ☐ Infec. Control Nurse
☐ POD ☐ Physicals ☐ Surgery Clinic ☒ Mental Health

Given by
 C/O M. Mc
 #2646
 on 2-15-12

Special Instructions:

☐ NPO --(Nothing By Mouth After 12:00 Midnight)

Kelly
 February 15, 12
 follows

☐ I Accept This Pass

Inmate Signature _____

☐ I Refuse This Assignment

Inmate Signature _____

If you are on a psychotropic medication, This will be discontinued or Tapered off. If you do not come to your next scheduled appointment.

☐ Reason for Refusal _____

Witness _____

CMT Signature _____

** If You fail to keep this appointment (NO SHOW) you will have to **
 Re-schedule your own appointment thru the CMT.

☐ No Show

Attempts to deliver this pass made at the following times:

P.N.'S _____ Reason not delivered _____

Midnights _____ Reason Not delivered _____

☐ R.N. Notified of inability to deliver Pass

Signature of CMT _____

Signature of R.N. _____

P.M. _____

P.M. _____

M.N. _____

M.N. _____

A. _____

Time inmate departed Assignment _____

TIME Inmate Arrived at HCU _____

Time Inmate departed HCU _____

Time Inmate Arrived Assignment _____

Exhibit
 CONTINUE
 page 46

STATEVILLE CORRECTIONAL CENTER
 Notification Of Appointment to HCU

Page# _____

Name Boyce Number R52162 Date 2-28-12
 Cell# K122 Time to Report 1:40 Assignment _____

___ Lab ___ X-Ray ___ Dietician ___ Seizure Clinic ___ Other
 ___ E.R. ___ OPHTH ___ Infirm Adm ___ Diabetic Clinic
 ___ P.T. ___ ORTHO ___ M.D. in E.R. ___ Hypertensive Clinic
 ___ OPT ___ Dental ___ Asthma Clinic ___ Infec. Control Nurse
 ___ POD ___ Physicals ___ Surgery Clinic ☒ Mental Health Kelly

Special Instructions:

___ NPO -(Nothing By Mouth After 12:00 Midnight)

___ I Accept This Pass _____
 Inmate Signature

___ I Refuse This Assignment _____
 Inmate Signature

If you are on a psychotropic medication, This will be discontinued or
 Tapered off. If you do not come to your next scheduled appointment.

___ Reason for Refusal _____

Witness _____
 CMT Signature

** If You fail to keep this appointment (NO SHOW) you will have to **
 Re-schedule your own appointment thru the CMT.

___ No Show

Attempts to deliver this pass made at the following times:

P.N.'S _____ Reason not delivered _____

Midnights _____ Reason Not delivered _____

___ I.N. Notified of inability to deliver Pass
 Signature of CMT _____ P.M. _____ M.N. _____ A.M. _____
 Signature of R.N. _____ P.M. _____ M.N. _____ A.M. _____

Time inmate departed Assignment _____ Officer _____
 TIME Inmate Arrived at HCU _____ Officer _____
 Time Inmate departed HCU _____ Officer _____
 Time Inmate Arrived Assignment _____ Officer _____

IL 426- DCA 2234 Revised 04/93

White-- Inmate
 Yellow--Provider

Exhibit 141
CONTINUEK. Miller #5416 received on 2/24/12
page 47STATEVILLE CORRECTIONAL CENTER
Notification Of Appointment to HCU

Page#

Name BOYCE Number R52162 Date 2-21-12
Cell# E522 Time to Report 4:00 Assignment

☐ Lab ☐ X-Ray ☐ Dietician ☐ Seizure Clinic ☐ Other
☐ E.R. ☐ OPHTH ☐ Infirm Adm ☐ Diabetic Clinic
☐ P.T. ☐ ORTHO ☐ M.D. in E.R. ☐ Hypertensive Clinic
☐ OPT ☐ Dental ☐ Asthma Clinic ☐ Infec. Control Nurse
☐ POD ☐ Physicals ☐ Surgery Clinic ☒ Mental Health Belly

Special Instructions:

☐ NPO --(Nothing By Mouth After 12:00 Midnight)☐ I Accept This Pass

Inmate Signature

☐ I Refuse This Assignment

Inmate Signature

If you are on a psychotropic medication, This will be discontinued or Tapered off. If you do not come to your next scheduled appointment.

☐ Reason for Refusal

Witness

CMT Signature

** If You fail to keep this appointment (NO SHOW) you will have to **
Re-schedule your own appointment thru the CMT.☐ No Show

Attempts to deliver this pass made at the following times:

P.N.'S Reason not delivered

Midnights Reason Not delivered

☐ R.N. Notified of inability to deliver Pass

Signature of CMT P.M. M.N. A.M.
 Signature of R.N. P.M. M.N. A.M.

☐ Inmate departed Assignment

Officer

☐ Inmate Arrived at HCU

Officer

☐ Inmate departed HCU

Officer

☐ Inmate arrived Assignment

Officer

04/93

White-- Inmate
Yellow--Provider

(exhibit 15)
continue

page 48

Xi 1/16/12

Judge slams doctor at Stateville

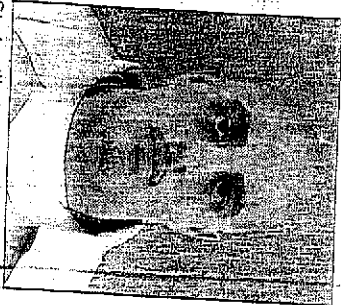
Prison physician
labeled 'walking
malpractice action'

By STEVE SCHMADKE
Tribune reporter 2-1-12

A federal judge this week issued a harsh ruling in a court case involving medical treatment at Stateville prison near Joliet, writing that the "callous conduct" of its medical director at the time "besmirches his medical license."

Judge Milton Shadur noted in a separate case this summer that the number of lawsuits reaching his docket involving prisoner claims against Dr. Parthasarathi Ghosh suggested the physician was a "walking malpractice action" who had spawned a "littérateur col-lage industry."

The judge's most recent comments came in a case



Stateville inmate John Martinez sued in 2008.

involving John Martinez, who is serving a 25-year murder sentence for a 1998 gang-related beating death in Logan Square. Martinez's requests to be seen by a physician after vomiting blood, severe back pain and abdominal pain were turned down for at least two years, records show.

In 2006, Martinez had surgery to treat pain in his lower right back and later

that year sought treatment for symptoms that included severe pain in his lower left back. He alleges Ghosh prescribed pain medication and told staffers to ignore Martinez's other sick-call requests, saying Stateville had already spent enough money on his care.

Ghosh responded to Martinez's requests with a memo saying that Martinez had previously been treated with back surgery. Martinez sued in 2008.

Two grievance officers testified they don't actually review Martinez's appeals, but instead copied verbatim Ghosh's response, according to Shadur's ruling issued Monday. "The un-thinking, robotic handling of grievances" by the officers "could qualify them for lead roles in Karel Capek's classic (play) 'R.U.R.," he wrote.

"In short, Martinez repeatedly complained that the medical staff refused to treat conditions A and B, while the sole response was that condition C had been adequately treated a year before," Shadur wrote.

It's unclear what medical issues Martinez had. Attorneys involved in the case declined to comment. Ghosh no longer works for the company that provides medical services to Illinois state prisons, court records show.

Shadur made his comments in denying a motion by the Stateville warden and grievance officers to dismiss the case. He noted that while the legal standard is to view evidence in the light most favorable to Martinez, in this case "the bulk of the key evidence" is not debatable.

sschmadke@tribune.com



page 49

January 18, 2012

Mr. Anthony Boyce #R52162
Stateville CC
P.O. Box 112
Joliet, IL 60434

Subject: Your Recent Letter

Dear Mr. Boyce:

We are in receipt of your recent letter.

We requested review of your care with the facility Site and Regional Medical Directors and consider the care currently being provided, as well as the care previously provided, to be clinically appropriate.

If you have concerns regarding your medical care, please follow the established sick call process and grievance procedure at the facility to get these concerns addressed.

Please be assured that the medical staff at Stateville CC is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

A handwritten signature in black ink, appearing to read "A. K. Hest".

Wexford Health Sources, Inc.
Risk Management Department

(exhibit 16)

page 50

Greetings Sirs:

I've wrote you all on a consistant basis in prior situations concerning prison officials hindering my grievance process while it's happened again on my grievance concerning prison officials working in conspiracy with private entities dispensing bad meds anti-depressant drug trazodone, remeron ; the counselor , grievance officer, warden at Stateville C.C. are hindering my grievance procedure. I am sick, my vision is bad. I still can see but its gotten bad from the bad meds. My eyes hurt sometimes it bubbles swallowing, dizziness. You know the water here is bad also I have gum disease. Please could you step in to rectify this grievance problem , because I can't do it by myself. My voice is meaningless to I.D.O.C. employees. But if you all say something they'll run for cover. Thanks for your time May God bless you. Oh yeah, I wrote the attorney general, Lisa Madigan's office, about the grievance process being hindered by prison officials they finally wrote me back November 3, 2011. Basically saying they are not going to do anything about my predicament in so many words informing me to get a lawyer because they represent the State employees in so many words.

CERTIFICATE OF SERVICE

To: U.S. Department of Justice
525 West Van Buren St. Suite 600
Chicago, IL 60607

Please be advised that on January 25, 2012, I Anthony Boyce caused to be mailed the above document to the above named party by placing it in the internal mail system at Stateville Correctional Center to be mailed via the U.S. Postal service, the postage being prepaid

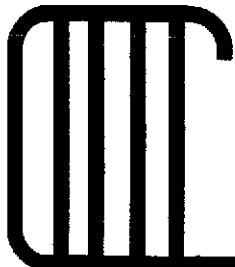
Signed

A. Boyce

Anthony Boyce
R-52162
P.O. BOX 112
Joliet, IL 60434

Subscribed and Sworn to before me
this day of , 2012.

Notary Public



Illinois
Department of
Corrections

1301 Concordia Court • P.O. Box 19277
Springfield IL 62794-9277

Telephone: (217) 558-2200
TDD: (800) 526-0844

(exhibit 17)
continue
page 51
Pat Quinn
Governor

S. A. Godinez
Director

December 19, 2011

Anthony Boyce, R52162
Stateville Correctional Center
P.O. Box 112
Joliet, IL 60434

Re: Freedom of Information Act Request #111024187

Dear Mr. Boyce:

This letter is in response to your request to the Illinois Department of Corrections for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq. You have requested the following documents:

1. Full name of Officer Staderker.

Response: This request is denied pursuant to Section 7(1)(e) of the Freedom of Information Act, which provides "Records that relate to or affect the security of correctional institutions and detention facilities." Providing this information may compromise the employees' safety and make it easier for them to be targeted for assault, harassment, enticement, and various other forms of negative behavior. In addition, a release of employee names makes tracking down family members of the employees very easy.

2. How many lawsuits have been filed on Stateville Correctional Center dental employees in the past three years?

Response: This request is unduly burdensome. Please narrow your request to make it more manageable. Once we receive your refined request, we will be better able to determine if we can provide documents responsive to your request [5 ILCS 140/3(g)].

3. How many lawsuits have been filed on Stateville Correctional Center mental health employees in the past three years?

Response: This request is unduly burdensome. Please narrow your request to make it more manageable. Once we receive your refined request, we will be better able to determine if we can provide documents responsive to your request [5 ILCS 140/3(g)].



Exhibit 17
CONTINUE
page 52

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

February 16, 2012

Lisa Madigan
ATTORNEY GENERAL

Mr. Anthony Boyce
R-52162
Stateville Correctional Facility
P.O. Box 112
Joliet, Illinois 60434

RE: Freedom of Information Act Request
2012 FOIA 018441

Dear Mr. Boyce:

This letter is to acknowledge receipt of your request for information pursuant to the Freedom of Information Act (FOIA) (5 ILCS 140/1 *et seq.* (West 2010)).

In a letter received on February 8, 2012, you submitted a request for nine (9) records. Specifically, you requested copies of records regarding the following:

- (1) "[T]he first initial of psychiatrist [*sic*] Dr Kartan name[;]"
- (2) "Mr. Sergeant Nash first initial to his name[;]"
- (3) "[T]he first initial and full last name of Statevilles eye Doctor in January of 2012[;]"
- (4) "[D]entist Ms Brown first initial to her name[;]"
- (5) "[N]urse Smiths at Stateville I need both their first initials and is that the correct way to spell ther [*sic*] last names the one name I thing Katherine is they way to spell her name[;]"
- (6) "Dentist gaag first initial[;]"

RESPONSE TO REQUESTS (1) through (6): Please be advised that the Office of the Illinois Attorney General does not maintain or possess records responsive to these requests. You may wish to direct your request to:

(Exhibit 18) page 53

STATEVILLE CORRECTIONAL CENTER

Page# _____

Notification Of Appointment to HCU

Name BOYCE Number R52162 Date 10-28-11
 Cell# E522 Time to Report 2:40 Assignment _____

___ Lab ___ X-Ray ___ Dietician ___ Seizure Clinic ___ Other
 ___ E.R. ___ OPHTH ___ Infirm Adm ___ Diabetic Clinic
 ___ P.T. ___ ORTHO ___ M.D. in E.R. ___ Hypertensive Clinic
 ___ OPT ___ Dental ___ Asthma Clinic ___ Infec. Control Nurse
 ___ POD ___ Physicals ___ Surgery Clinic ☒ Mental Health Betty KARAN

Special Instructions:

___ NPO --(Nothing By Mouth After 12:00 Midnight)

___ I Accept This Pass _____
 Inmate Signature

___ I Refuse This Assignment _____
 Inmate Signature

If you are on a psychotropic medication, This will be discontinued or
 Tapered off. If you do not come to your next scheduled appointment.

___ Reason for Refusal _____

Witness _____
 CMT Signature

**** If You fail to keep this appointment (NO SHOW) you will have to ****
Re-schedule your own appointment thru the CMT.

___ No Show

Attempts to deliver this pass made at the following times:

P.N.'S _____ Reason not delivered _____

Midnights _____ Reason Not delivered _____

___ R.N. Notified of inability to deliver Pass

Signature of CMT _____ P.M. _____ M.N. _____ A.M.
 Signature of R.N. _____ P.M. _____ M.N. _____ A.M.

Time inmate departed Assignment _____ Officer _____
 TIME Inmate Arrived at HCU _____ Officer _____
 Time Inmate departed HCU _____ Officer _____
 Time Inmate Arrived Assignment _____ Officer _____

(Exhibit 19)

page 54

Gentlemen Sirs:

I was placed on the Anti-depressant medication by psychiatrist Dr. Kelly whom is a Vexford Health Sources Inc./Stateville C.C. employee. Upon taking the prescription medicine Zanax 15 milligram pill I noticed a shift in my vision declining so I informed Dr. Kelly. His response was it was nothing, so he increased the dosage to 30 milligrams of Zanax which made my vision decline more. I informed Dr. Kelly of my vision decline and migraines headaches. He changed my prescription to 50 milligrams of Trazodone another antidepressant medication. It had the same effect on me my vision, migraine headaches at that time I asked to see an optometrist. Dr. Woods an employee at Stateville C.C. a psychologist wrote medical for me to see Dr. Williams whom is a licensed medical physician Vexford Health Sources Inc./ Stateville C.C. employee was made aware she said she wrote it in my chart to see a eye doctor. So I brought it to Dr. Kelly attention again he increased the dosage on the trazodone from 50 milligrams to 75 milligrams dosage which hurt my vision. I complained. Dr. Kelly was on vacation in the month of October 2011 so Dr. Kantan whom is a psychiatrist at Stateville C.C. wrote in my chart in her own writing the antidepressant med was impairing my vision and she went into an unprofessional tirade. Verbally etc. See grievance attached. So after her referring to Stateville C.C./ Vexford Health Sources acknowledgement of my serious medical need of seeing an eye doctor of the unsafe medication, and also of my sleep deprivation problems they've expediently misdiagnosed patients like myself by giving them harmful psych meds instead of actual sleep meds which is clearly a serious medical need because I or anyone else that's human can't function without sleep.

So despite their knowledge on Nov. 7, 2011 around eightish on 3 to 11 shift I was pressured by nurse Smith, a Vexford Health Sources Inc./Stateville C.C. employee to take the 75 milligram pill Trazodone which has caused damage to my vision making my eyes hurt, migraine headaches. Prior to this letter I've wrote grievances. I wrote the Attorney General of Illinois, Lisa's Madigan's office, Markon Hariv, Mark Hale CEO of Vexford, Stateville's medical director. Everyone I could possibly think of its been deliberately ignored. You all could have done something you still can. Please help me rectify these issues. This is a violation of the honorable United States constitution deliberate indifference true far.

certificate of service

To: Roswell Pharmacy Service, 131 Schoolhouse Road, Jennerston PA 15547

To: President/Ceo of Roswell Pharmacy Service, Jackie Metella P. M.

To: Roswell Pharmacy Services Chief Administrative Officer, Kathleen Metella

To: Roswell pharmacy services Purchasing manager, Gary Pribozie

To: Mark Hale CEO of Vexford Health Sources Inc. Dr. J. Carter
P.O. Box 112 Joliet, IL 60434

To: Stateville's Optometrist

To: The warden of Stateville C.C. Marcus Hariv

Please be advised that on 11-22, 2011 the undersigned Anthony Foxe 2-52162, caused to be mailed to the above named parties by placing it in the internal mail system at Stateville C.C. the outside addresses were to be mailed to the parties via the U.S. postal service and postage for which was prepaid.

Subscribed to and Sworn to before me this
22 day of November, 2011

Signature of Notary Public
Notary Public

Signed: *Anthony Foxe*
Anthony Foxe
2-52162
P.O. Box 112
Joliet, IL 60434

OFFICIAL SEAL
TYNEER N. BUTLER-WINTERS
Notary Public - State of Illinois
My Commission Expires Jan 20, 2015

Exhibit 201 page 55

Greetings Sirs:

Around 1:00 p.m. on Nov.24,2011 I was present at Stateville C.C. health care unit to see Don for a session with psychiatrist Dr.Kartan whom is a Wexford Health Sources/Stateville C.C. employee. Just prior to the day in question I've informed Dr.Kartan that the antidepressant medicine trazodone,reneron had impaired my vision ,swallowing, dizziness,rigidne headaches she still insisted I take the medication despite the medical staffs knowledge of my medical condition surrounding the faulty meds. Dr.Kartan went on to say it was the drug from my diarrhea causing the blurred vision the drug Pantyl 20 mg tab. Trying to deploy blame with a false accusation when my vision became impaired I wasn't taking the drug Pantyl yet. Please start warning prisoners about the dangerous side affects of meds before hand and please stop issuing out hazardous meds to cut costs. Please stop pressuring me to take the antidepressant meds you all can do something if you want to. I am in pain I ask that you all notify the manufacturers of the drug Reneron,trazodone to stop selling them particular drugs.

CERTIFICATE OF SERVICE

To: Roswell Pharmacy Service ,131 Schoolhouse Road
Jennerstown,PA 15547
To Roswell Pharmacy Services,Chief Administrative Officer, Kathleen Martella
To:Roswell Pharmacy Services Purchasing Manager,Gary Pribozie
To: President/CEO of Roswell pharmacy services ,Jackie Martella R.Ph
To:Wexford Health Sources INC. CEO Mark Hale
425 Holiday Dr.Foster Plaza 2
Pittsburgh,PA 15220
To:Head Warden of Stateville C.C. Marcus Harry P.O.BOX 112 Joliet,IL 60434
To: Wexford Health Sourcesinc./Stateville C.C. Employees
To: Stateville C.C. Medical Director, I.Carter
To: Medical DR.L.Williams
To: Psychiatrist Dr.Kartan
To: Psychiatrist Dr.Kelly

Please be advised that on Dec 5, 2011 ,I,Anthony Joyce, caused to be mailed the attached letter to the above named parties by placing it in the internal mailsystem at Stateville C.C. to be mailed via the U.S. Postal service, if necessary,the postage being pre-paid.

I swear under penalty of perjury that the foregoing is true.

Anthony Joyce
Anthony Joyce #52162
P.O.Box 112
Joliet, IL 60434

Subscribed and Sworn to before me this
5th day of December, 2011.

Karen Marie Rabideau
Notary Public

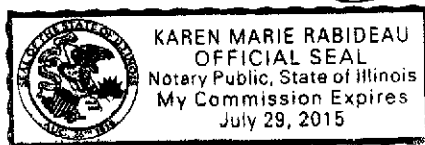


exhibit 21

page 56

Feb 29, 12

greetings Mark Hale

Hopefully your fine? My name is Anthony
Boyce De Kelly called me crack babies
saying he didn't care about my health
that you all will never admit to any
wrong Doing this is wrong Dr Kelly lied
in my medical chart by saying I was
a no show But in all reality see Dr
Kelly Deliberately sent me into
hospital passes Denying my mental
Health services please stop this
line of deliberate indifference as
you know uptown people's law firm is
investigating you all's Bogus behavior
they receive over 100 letters a month
from other inmates who go through
this form of mistreatment you can stop this
my wrist hurts my eyes and head
hurts please stop this may god Bless
you

thanks

(exhibit 22) page 57
jun 3, 12

greeting Dr Carter
My name is Anthony Boyce R-52162
E-522 the nurse that works under
your direction forced me to take trazodone
she knows its caused me blocked
vision migraine Head aches Dizziness
upon standing troubles swallowing
short term memory loss when I decline
to take the medicine she said she
was ~~gona~~ gona write me up
a disciplinary ticket which is
segregation time My wrist hurts
please help me.

Thanks

(exhibit 23/ page 58

Greetings MARGARET A HAMBURG DUMBER, 11
 My name is Anthony Boyce R-52162
 I am housed in stateville Lee Bodwell
 pharmacy services is stateville's pharmacist
 service they're dispensing harmful medicines
 like trazodone, remeron antidepressant
 meds with no warning labels of the hazard
 side effects my eye's hurt my head
 hurts dizziness upon standing troubles
 swallowing short term memory loss as a
 result of the meds listed above you can
 stop Bodwell pharmacy officials the medical
 manufacturers officials of trazodone, remeron
 from selling the meds and if they don't
 stop selling the meds at least put warning
 labels on them saying the cause death
 in certain cases etc to give patients
 that consume the drugs a chance to decide
 also could you make Mark Hale etc
 of Wexford Health sources stop doing
 what's being mentioned above also my
 God Bless you all at you office
 please notify your underlings of
 my situation please write me back
 thanks

(exhibit 24/

page 59

jun 3, 12

greeting's Mr Mark Hale

your nurse that works under you
keeps making me take trazopone
Deliberately against my will threatening
me with Disciplinary tickets if I
Don't take the med's what's Being
Done about this situation you can
stop this please Help me my name
is Anthony Boyce R-52162

(exhibit 25) page 60

Greetings Sirs:

As a result of taking the prescription drugs trazodone, venlafaxine my eyes hurt, dizziness, troubles swallowing at times with migraine headaches. Per my investigation manufacturer Organon Inc. you all make the pharmaceutical drug venlafaxine which is an antidepressant medicine. Its true clinical trials have shown your product is hazardous to humans like me but you deliberately still sold the meds to Roswell pharmacy services who has a contract with Wexford Health Sources etc. All of you was co-conspirators in distributing the hazardous meds which are causing injuries and death in some cases in total disregard for federal law this is cruel and unusual punishment etc. The same thing for the pharmaceutical drug trazodone, Teva pharmaceutical USA or Warner Chilcottine you all make the drug trazodone. Roswell pharmacy service, Wexford Health sources employees you all are in cahoots co-conspirators in breaking federal law by distributing hazardous meds deliberately a nurse at Stateville C.C. spilled the beans to me and an officer signed a statement as a witness on her and the internet side effects say you all's meds are hazardous to humans. Please stop passing out sickness which causes death. I know you all are connected a lawyer told me not to pursue this because of the influence the pharmaceutical manufacturers are made prominent figures. He said I was (1) indigent (2) just an inmate (3) I am still trying to pursue justice and I have faith in God. Please stop selling them meds and write me back. Please in a timely manner thanks

Certificate of Service

To: Mark Hale CEO of Wexford Health Sources Inc.
425 Holiday Dr. Foster Plaza 2
Pittsburgh, PA 15220

To: Head Warden of Stateville C.C. Thomas Hardy PO Box 112 Joliet, IL 60434

To: Organon Inc. manufacturers

~~561 Livingston Ave~~
ROSELAND NJ 07068

To: Teva Pharmaceuticals USA
650 Cathill Road
Sellersville PA 18960

To: Warner Chilcottine
182 Tabor Road
Morris Plains NJ 07950

To: Roswell Pharmacy Services, 121 South Howard Street, Jannettown PA 15547

To: Roswell Pharmacy services CEO/President Jackie Martella R.Ph

To: Roswell Pharmacy services Chief Administrative Officer, Kathleen Martella

To: Roswell Pharmacy Services purchasing manager Gary Pribozie

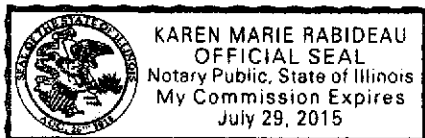
Please be advised that on _____, I, Anthony Boyce, caused to be mailed the attached letter to the above named parties by placing it in the internal mailsystem at Stateville C.C. to be mailed via the U.S. Postal Service, if necessary, the postage being pre paid

I swear under penalty of perjury that the foregoing is true.

A. Boyce
Anthony Boyce 7-52162
P.O. Box 112
Joliet, IL 60434

Subscribed and Sworn to before me this
5th day of December, 2011.

Karen Marie Rabideau
Notary Public



(exhibit 26) page 61
Notarize

Greetings Sirs:

As you all know from prior letters addressed to you all via the U.S. postal service I am in pain from using the drugs Remerop, trazodone. You knew the drug you all manufacturers caused harm but continued to make it. You all knew the facts show that it became aparent to me once one of your co-conspirators, a nurse, a wexford health sources inc said : Wexford Health Sources Inc. Doctors Kelly, Kartan Boswell pharmacy service and the medicine manufacturers knew the meds was bogus from day one my vision isn't right, troubles swallowing, dizziness, migraine head aches. What is being done about this catastrophe? The honorable federal courts speak against this kind of deliberate indifference could you write me back ASAP thanks.

CERTIFICATE OF SERVICE

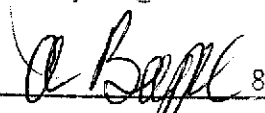
To: Warner Chilcottine Inc
CEO/President/ Director Roger M.Boissonneault
182 Taborroad
Morrisplains,NJ 07950

To: Organon Inc
~~3750 Pleasant Ave~~ 56 Livingston Ave
~~Westborough, MA 01581~~ Roseland, NJ, 07068

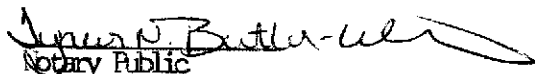
To: CEO John A. Kraeutler
Chairman John M McIlwraith
President George K.White
Manager Director John Spevert

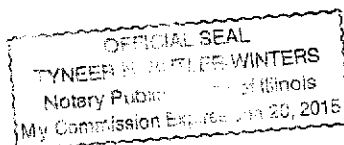
Please be advised that on 29/Dec I cassed to be mailed the attached document to the above named parties by placing it in the internal mailsystem at Stateville C.C. to be mailed via the U.S.Postal service. The postage for which being pre-paid.

I,Anthony Boyce, swear under penalty of perjury that everything contained in this document is true and correct.


Anthony Boyce R-52162
P.O.Box 112
Joliet, IL 60434

Subscribed and Affirmed before me
on this 29 day of December, 2011


Notary Public



(exhibit 27/ page 62
Nov 01, 11

Dear Director CARTER

My NAME IS Anthony Boyle R-52162
E-522 my eyes, Head hurt as a result
of being exposed to psych meds
Lemmon, trazoprazole I Don't want no
psych meds Dr KARTAN, Dr Kelly insist
I take the meds Diliberately inflicting
pain to me on oct 28, 11 Dr KARTAN
made Sgt Nash hurt my wrist my wrist
hurts it's no warning label on the Dangerous
meds warning consumers please make
your underlyings stop this you ~~can~~
can do something your the medical
Director of stateville cc

Thanks Sir

please write
me back

(Exhibit 28) page 63

Nov 3, 11

Greeting warden Hardy

while at the Hospital I was targeted
By Sgt Nash and psychiatrist Kantar
for me trying to get Basic Health care
my eye's hurt my Head hurts my wrist
Hurts please help resolve this matter
and launch an investigation for what's
been Done to me, please stop Deliberately
letting stuff like this go on at Stateville
My Name is Anthony Boyce R-52162
please write Back E-522

Thanks

(exhibit 29)
Nov 3, 11 page 63

greeting e e o Mark Hule

Dr Kelly is forcing me to take psych
meds TRACODONE which has make my vision
Bad migraine Head aches Before the tracodone
as you know Dr Kelly made me take
Lemmon that had the same effect on
me. while at the hospital on Oct 28, 11
Dr Kartan tried to make me sign
documents waiving my ~~wat~~ right to
sue when I Decline she called
sgt Nash whom I think broke my
wrist my wrist hurts I need health
care please stop whats going on
I am Being ignored Diliberately By
your staff you could help me may god Bless
please I need you I have a learning
disability hopefully you understand
my writing so please write me back

My Name is Anthony Boyce
R-52162 thanks

page 64

(exhibit 30)

Greetings Sirs:

For months I've consistently have complained to anyone that I've thought of regarding my mishaps as you are fully aware from prior correspondences via mail my eyes, head hurt, troubles swallowing, impaired vision, dizziness, upon standing as a result of taking trazodone, Remeron meds. You knew was hazardous meds, the medical manufacturers knew was hazardous to consumers such as myself. Wexford Health Sources knew was hazardous and employee of Wexford Health Sources blow the whistle on you alls conspiracy to deprive me of my 8,14 amendments of the United States Constitution. You all knew the meds trazodone, Remeron the anti-depressant medicine posed a likely serious risk of injury to me before giving the meds to me the nurse exposed the conspiracy and another officer whom is an employee of Stateville. So indignant signed a statement on or about November 7, 2011. What is being done about this situation if you come forth now it would possibly make legal matters more better on yourself because with all due respects this is wrong. What's the addresses and the names of the two manufacturers whom makes trazodone, Remeron.

CERTIFICATE OF SERVICE

To: Boswell Pharmacy Service
131 Schoolhouse Road
Jennerstown PA, 15547

To: President/Ceo of Boswell Pharmacy Services: Jackie Martella R.H

To: Boswell Pharmacy Service Purchasing manager Gary Pribozie

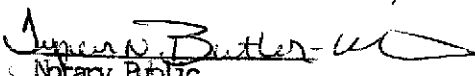
To: Boswell Pharmacy Services, Chief administrative Officer, Kathleen Martella

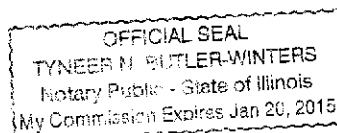
Please be advised that on 12-29-11 I caused to be mailed the attached document to the above named parties by placing it in the internal mailsystem at Stateville C.C. to be mailed via the U.S. Postal service. The postage for which being pre-paid.

I, Anthony Boyce, swear under penalty of perjury that everything contained in this document is true and correct.


Anthony Boyce R-52162
P.O. Box 112
Joliet, IL 60434

Subscribed and Affirmed before me
on this 29 day of December, 2011.


Tyneer M. Butler-Winters
Notary Public



(Exhibit 31)

page 65

Greetings Sirs:

On 10-24-2011 from my understanding about 8:50 p.m. nurse Ms. Smith tried to give me an antidepressant medication called trazodone a 75 milligram pill. I declined to accept the medication on the grounds that my eyes have been hurting and my vision is diminishing. myraine headaches she reffering to the nurse on the above date and time inquestion on five gallery of E-house Stateville C.C. Nurse Smith response to my problem that it wasn't a medical physician present at the facility in question and that it was basically nothing she could do and she stated it would take sometime for my body to adjust to the medication basically saying keep doing the meds. But prior to taking trazodone I was taking antidepressant meds called Remeron which had the same affects ,dizzy,my eyes was hurting and migraines. I need to see and optometrist,medical doctor ASAP my United States Constitutional rights are being violated of the 8, 14 amendments cruel and unusual punishment I've wrote numerous letters to any and everyone please make it stop and to start putting warning labels on the meds you all pass out to inmates.

CERTIFICATE OF SERVICE

To: Mark Hale Ceo of Wexford Health sources Ince
425 Holiday Dr. Foster Plaza 2
Pittsburgh,PA 15220

To: Medical Director of Stateville CC/Wexford HealthSources Dr.Carter
P.O.Box 112 Joliet IL 60434

To: Dr.Williams, Stateville C.C./Wexford Health Sources Inc
P.O.Box 112 Joliet IL 60434

To Optometrist of Stateville C.C./Wexford Health sources ince
P.O.Box 112 Joliet,IL 60434

To: Optometrist of Stateville C.C./ Wexford Health Sources Inc
P.O.Box 112 Joliet,IL 60434

To: Psychiatrist Dr.Kelly of Stateville C.C.?Wexford Health Sources
P.O.Box 112 Joliet,IL 60434

To Head Warden Marcus Hardy of Stateville C.C.
P o.Box 112 Joliet IL 60434

To Medical Director of I.D.C.C. Dr.Louis Snicker
P.O.Box 112,Joliet,IL 60434

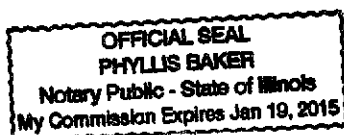
Please be advised that I,Anthony Boyce,caused to be mailed the attached document to the above named parties on ,2011 by placing it in the internal mailsystem at Stateville C.C. The necessary postage was pre-paid and the envelopes properly addressed. I swear under penalty of perjury that the foregoing is true. Signed *A Boyce*

Subscribed and Sworn to before me
this 27th day of October ,2011

Phyllis Baker

Notary Public

Anthony Boyce
P-
P.O.Box#12
Joliet,IL60434



Greetings Sirs:

(exhibit 32)

page 66

I was experiencing abnormal vision and migraine head aches etc. So at first I paid it no mind and then it became worse I realized its been the psych. antidepression meds. on or about Sept.29,2011. I informed Doctor Williams she stated it was nothing. Also I informed her of my sleep deprivation she stated Wexford didn't treat insomnia patients with medication. Which is wrong because its a serious medical need and all serious medical needs should be attended to promptly regardless of expenditures to save ones life. Sleep is the most important issues its hard to function without sleep. Could you all put me infront of a optomtrist,psychiatrist and to start providing actual sleep deprivation meds please. There's no warning labels on the meds for side effects thats crazy.

CERTIFICATE OF SERVICE

To: Dr.Kelly
P.O.Box 112, Joliet,IL 60434

To: medical Director,Dr.Carter
P.O.Box 112, Joliet,IL 60434

To: Mark Hale,CEO of Wexford Health Sources Inc.
425 Holiday Dr.Foster Plaza 2
Pittsburgh,PA 15220


To: Optomtrist for Stateville C.C.
P.O.Box 112, Joliet,IL 60434

To: Dr.Williams,P.O.Box 112 Joliet,IL 60434

To: Warden Hardy of Stateville.CC
P.O.Box 112, Joliet,IL 60434

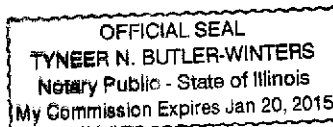
Please be advised that on ,2011 the undersigned,Anthony Boyce, caused to be mailed to the above named parties by placing it in the internal mailsystem at Stateville C.C. The outside address was to be mailed to the party via the U.S. postal service and the postage for which was pre-paid.

I wwear under penalty of perjury that everything contained in this document is true and correct.

S: 
Anthony Boyce R-52162
P.O.Box 112
Joliet,IL 60434

Subscribed and Sworn to before me
this 25 day of October, 2011.


Notary Public



(exhibit 331)

page 67

Greetings Sirs:

As you are fully aware now your pharmacy service for Wexford/Stateville C.C. the antidepression meds hav caused me to have impaired vision and migraine head aches you all don't have a warning label on you alls product of the side effects and also causes for the most part irreversible harm please stop selling the bad meds. To whom cause injury and also warn consumers and the manufacturers to whom issue the meds to you. (a) to start using warning labels. (b) to stop manufacturing defective meds that have dangerous side effects please. (c) you and your cohorts know your products are not right (d) this was deliberately done because the FDA has posed strick rules on informing consumers which was not done in my case (e) now I have impaired vision and migraine head aches.

CERTIFICATE OF SERVICE

To: Boswell Pharmacy Service
131 Schoolhouse Road
Jennerstown, PA 15547

To: Mark Hale Ceo of Wexford Health Sources Inc.
425 Holiday Dr. Foster Plaza 2
Pittsburgh, PA 15220

To: Psychiatrist Dr. Kelly Stateville CC/Wexford health Sources Inc
P.O.Box 112, Joliet, IL 60434

To: Warden Marcus Hardy, Head Warden of Stateville C.C.
P.O.Box 112, Joliet, IL 60434

To: Medical Director of Stateville C.C./WExford Health Sources Inc
Dr. Carter
P.O.Box 112 Joliet, IL 60434

To: President/CEO of Boswell Pharmacy Services
Jackie Matella R. PH
131 Schoolhouse Road, Jennerstown PA 15547

To: Boswell Pharmacy Services, Chief Administrative Officer
Kathleen Matella
131 School House Road, Jennerstown, PA 15547

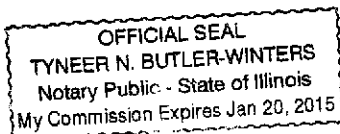
To: Boswell Pharmacy Services purchasing Manager Garv Pribozie
131 Schoolhouse Road, Jennerstown PA 15547

Please be advised that on , 2011 the undersigned, Anthony Boyce, caused to be mailed to the above named parties by placing it in the internal mailsystem at Stateville C.C. The outside addresses were to be mailed to the parties via the U.S. Postal Service and the postage for which was pre-paid.

I swear under penalty of perjury that everything contained in this document is true and correct.
Subscribed and Sworn to before me
this 25 day of October , 2011.

S. *Anthony Boyce*
Anthony Boyce, R-52162
P.O. BOX 112
Joliet, IL 60434

Notary N. Butler-Winters
Notary Public



the name is MATTELLA

(exhibit 34) page 68

GREETINGS SIRS:

I would just like to notify the addressed parties that on October 28, 2011 around 12:10 p.m. I was at the health care unit when psychiatrist Kartan became verbally abusive to me and mentioned somethings about her knowledge of me trying to file a lawsuit etc. and called for Sergeant Nash whom became verbally provocative acting unprofessional at the date and time in question. I remained calm. Please keep Dr. Kartan etc professional. There is a more lucid complaint attached to this document called a grievance with me grieving the above incident in question thanks. I ask that no retaliation be taken in the future against me.

CERTIFICATE OF SERVICE

To: Medical Director of Stateville? Wexford Health Sources Inc
Dr. Carter

To: Head warden Marcus Hardy Stateville C.C.

To: Psychiatrist Dr. Kartan, Stateville C.C./Wexford Health Sources

To: Sergeant Nash of Stateville C.C.
P.O. Box 112 Joliet, IL 60434

To: Mark Hale Geo of Wexford Health Sources Inc.
425 Holiday Dr. Foster Plaza 2
Pittsburgh, PA 15220

Please be advised that I, Anthony Boyce, caused to be mailed the attached document by placing it in envelopes properly addressed to the above parties in the internal mailsystem at Stateville Correctional center. The postage for the necessary outgoing mail is pre-paid.

I, Anthony Boyce, swear under penalty of perjury that the foregoing is true and correct in substance and in fact.

Subscribed and sworn to
before me this 1st day of
November 2011.

S: Anthony Boyce
Anthony Boyce, R-52162
P.O. Box 112
Joliet, IL 60434

Phyllis Baker
Notary Public



~~exhibit 35~~ (exhibit 35) page 69

Greetings Sirs:

As you all are fully aware of my eyes are hurting, troubles swallowing, dizziness and migraine headaches, abnormal vision, as a result of taking the hazardous medications trazodone, Remeron, anti-depressant medicines. (A) I would like to see an optometrist asap please. (B) A cat scan to determine the nature of the migraine headaches etc. (C) This is deliberate indifference my many requests etc have been ignored. You all can do something this is a violation of my U.S. Constitutional rights. I have a learning disability hopefully this is legible.

CERTIFICATE OF SERVICE


To: CEO of Wexford Health Sources Inc, Mark Hale
425 Holiday Dr. plaza 2
Pittsburg, PA 15220

To: Head Warden of Stateville C.C., Marcus Hardy
P.O.Box 112
Joliet, IL 60434

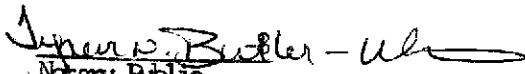
To: Wexford Health Sources Inc/Stateville C.C.; Stateville's medical director I. Carter,
optometrist of Stateville C.C., Medical physician L. Williams of Stateville C.C.; Psychiatrist
R. Kelly of Stateville CC; Psychiatrist Kartan of Stateville C.C.

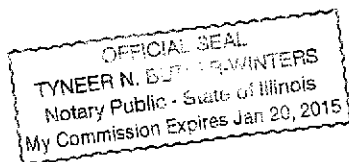
Please be advised that on 12-29-11, I caused to be mailed the attached document to the above name parties, by placing it in the internal mailsystem at Stateville C.C. to be mailed via the U.S. Postal service. The postage for which being pre-paid.

I, Anthony Boyce, swear under penalty of perjury that everything contained in this document is true and correct.


Anthony Boyce R-52162
P.O.Box 112
Joliet, IL 60434

Subscribed and Affirmed before me
on this 29 day of December - 2011


Notary Public



(Exhibit 36)

page 70

Greetings Sirs:

On Nov 4, 2011 Officer C. Terry an officer who is an officer at Stateville was assigned to work E-house five gallery to whom escorted the nurse while she passed out meds. They arrived in front of the cell 522 which is my cell that I am housed in. the nurse tried to give me the 75 milligram pill of Trazodone an antidepressant drug so I informed her for the twentieth time prior to the day in question I explained to her I need to see a doctor for my migraine headaches and vision as a result of taking trazodone. merron. mads. She refused to offer any type of medical treatment in a disquieting intimidating tone! Officer C. Terry told her this is wrong. She went on to say Dr. Kelly. Boswell Pharmacy services, and the medicine manufactures know the medicine hurts vision, migraines headaches. Where you think your at looked up. I asked Officer Terry to sign a statement I wrote out as a witness it was so absurd out of indignant circumstances of the incident he signed the statement as a witness see attached I need to see an optometrist, medical director ASAP. You all can do something about this. I've wrote you before about this. Why won't you all stop this senseless pain, suffering this is cruel, unusual punishment. The honorable federal courts is against this kind of unbecom. Have a nice day.

CERTIFICATE OF SERVICE

To: Ward Varden of Stateville C.C.
P.O. Box 112
Joliet, IL 60434

To: Stateville Medical Director, L. Carter
P.O. Box 112 Joliet, IL 60434

To: Stateville C.C. Optometrist
P.O. Box 112 Joliet, IL 60434

To: Doctor L. Williams Stateville C.C.
P.O. Box 112 Joliet, IL 60434

To: Mark Vale CEO of Nexform Health Sources Inc
425 Holiday Dr. Foster Plaza 2
Pittsburgh, PA 15220

Please be advised that on 11-22 2011, I, Anthony Boyce, caused to be mailed the attached letter to the above named parties by placing it in properly addressed envelopes in the internal mail system at Stateville Correctional Center to be mailed via the U.S. Postal Service. Any necessary postage being pre-paid.

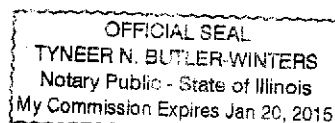
I, Anthony Boyce, the undersigned swear under penalty of perjury that the foregoing is true and correct.

Signed:

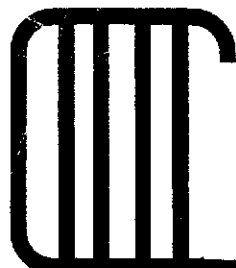
A. Boyce
Anthony Boyce
P-52162
P.O. Box 112
Joliet, IL 60434

Subscribed and Sworn to before me on
this 22 day of November, 2011.

Tyneer N. Butler-Winters
Tyneer N. Butler-Winters



(exhibit 34) page 71



Illinois
Department of
Corrections

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center
Route 53, P.O. Box 112
Joliet, IL 60434

Telephone: (815) 727 -3607
TDD: (800) 526-0844

MEMORANDUM

DATE: September 1, 2011

TO: Anthony Boyce
R52162 E 0522

FROM: Brenda Jerz, HIA
Medical Records

SUBJECT: REQUEST FOR MEDICAL RECORD COPIES

I have received numerous letters from you requesting copies of your medical record. I am again enclosing an Authorization for Release of Information form. It is required that you fill out the form completely and also state the specific information, as well as dates you require and return the signed form to medical records. Any incomplete requests will be returned to you. All requests are processed in the order they are received.

The cost of copying is as follows: Free-first 50 copies
.15 for each additional copy.

Thank you in advance for your cooperation.

Cc: Marcus Hardy, Warden
Medical Record

greetings page 72 (exhibit 38) Atty MICHAEL KANOVITZ
lovey and lovely
312 N MAY ST
Suite 100
CHI IL 60607

hearing Disability if words are mispelled excuse me
please write me back

My name is Anthony Boyer R-52162 the reason
for me writing is a request to ask for legal
AID. My eyes, head hurts short term memory
loss as a result of Deliberately Being
exposed to psych med's trazodone, klonopin,
stateville's pharmacy, stateville's officials,
stateville's medical provider, work place health
super's officials, prison officials and
medicine manufacturers of whom make
the drugs trazodone, klonopin and all
the above parties Deliberately Disregarded
a substantial risk to my health for
Apacemul gain hide warning labels because
it for some knew of the dangerous
side effects any person with just the
slightest common sense wouldn't freely
take the med ingestion I need to file
a federal lawsuit and to ask the Honorable
courts to Allow me to pick a jury
to Decide the amount I have a single christian
praying grandma whom's struggled and worked her
entire life she needs the money she may be home less
soon plus I have a little cousin that ~~want~~ wants
to make something positive of himself by going to
college He's not cheap the money will go to him
THANK YOU

(Exhibit 39) page 73
Chicago lawyers
Committee for civil rights
under law in c
100 N LA Salle St Suite 600
Chicago, IL 60602

Greetings Atty

My name is Anthony Boyce R-52162 I am
currently incarcerated in stateville. Stateville
officials are conspiring working in conspiracy
to Deliberately inflict pain through the form
of Defective antiDepressant ~~psy~~ psych med's.
XARODONE, KAMERON the two Drugs a Highly
Dangerous the Drugs have no warning
labels on them sometime they cause death
I am suffering from blurred vision eye
pains migraine head aches Dizziness
upon standing as a result of the
meds the head care provider MARK Hale
the CEO of western Health services inc
are Deliberately inflicting pain to patient
ignoring the substantial risks for profit
medicine manufacturers of the Drugs
XARODONE KAMERON knew also that the
Drugs are Bogus but they still sold the
Drugs for profit also Boswell pharmacy services
officials who provided medicine for stateville
knew and continued to Distribute the
Drugs for profit could you add me with
legal assistance in filing a lawsuit please
write me back thanks

(exhibit 40)

the EDWIN MANDEL
legal clinic

page 44

6020 S. UNIVERSITY AVE
CHI IL 60637

greetings

My name is Anthony Boyce R-52162 incarcerated at Stateville. Stateville cc had a pharmacy service is called Boswell whom is distributing harmful med with out warning labels concealing the dangerous side effects of the anti-depressant med's trazodone, pamelor, they're working in conspiracy with prison officials and Stateville's Health care provider without health records we must have Leo and his employees, Deliberately, inflicted pain on me also they all, could issue warning labels on the med's also the medicine manufacturers of trazodone, pamelor knew also the med's caused my they all disregarded that substantial risk of harm to my health by trying to gain financial again. My wife's put my vision is but terrible hand aches etc as a result of the med I have a learning Disability please could you offer me legal aid in filing a civil suit to pick a jury of Illinois citizens I was told it takes sometimes ten years for a suit to go to trial I am willing to wait if I live that long Due to the med's MAY GOD BLESS

please write back

(Exhibit 41)

Atty Kathleen P.
Page 75 11/14

233.3 weeks of
DOTE 5900
CHI IL 60606

Greetings

My name is Anthony Boyce R-52162 Stateville
incarcerated. The reason for me writing you
is to ask for legal representation in a civil
suit. My eyes hurt Bad vision, Head aches
as a result of Deliberately exposed to
harmful Detective Mads name trazodone, xanax,
Stateville pharmacy Service Poswell pharmacy
services officials, & D.C. prison officials
Stateville's private health care providers
Wexford Health Services CEO Mark Hale
& others are ~~hiding~~ hiding the
warning labels because if consumers knew
all the dangerous side effects no one
would safely consume the medicines.
trazodone, xanax in some cases
the drugs cause ~~death~~ all the above
people Deliberately inflicted pain on
me for financial gain I am messed
up even before that I had a hearing
disability even my memory is Bad Because
of the meds please write me back

Thanks

(exhibit 42)

page 76

DePaul legal clinic
25 E Jackson
Suite
chILL 60604 1050

Greetings

My Name is Anthony Boyce R-52162 incarcerated
in Stateville I am asking for legal AID in civil
proceeding stemming from the pharmacy of Stateville
knows a Bodwell pharmacy service officials, we have
Health, Social's officials whom is Stateville
Health care provider prison officials, manufacturers
of trazodone, rumsors are hiding warning
labels in the effect of hiding Dangerous
side effects Deliberately to wither pain
on me for financial gain. I am suffering
from migraine Head aches Short term memory
loss Blurred bad vision eye pains troubles
Swallowing, as a result of being exposed
to the meds. Above help me pick a pay
I'll ask for millions maybe God will touch
the joined hearts maybe they may have a
significant other whom has been the
victim of medicine MAY God Bless
you I have a Learning Disability
problem thanks please write me
Back

(exhibit 43)

page 78

155 N Wacker Dr
Chil, IL, 60606
Suite 2700
Atty Michael Paul

meetings

It's rough my eyes hurt my Head hurts
etc of being exposed to Hazardous Medicines
Paxodone, Remeron, Prison Official's Stateville's
Pharmacy Boswell pharmacy Service Medicine
Manufacturers of Remeron, Paxodone, without
Health sources all working in conspiracy for
financial gain Deliberate inflicting pain
ignoring Substantia risks to harm
Knew the Meds wasn't right and
still gave them to me Hiding wrapping
labels the Dr here Dr Kelly called me
Crack Baby said I was Born in the 80's
that's how he knew I was a crack
Baby etc please help me I have a learning
Disability could you represent me in
the federal courts on a suit in front of
some hard working citizens that will
see through the nonsense the Defense's
Lawyers will try to throw at them I am
gonna ask for million I have a elderly
Grandma and a 1st cousin that was to get
to college to make something of himself I
give the majority of the Settlement money
to the 1st cousin

(exhibit 44) page 79

December 8, 2011

Privileged Legal Communication

Mr. Anthony Boyce
R52162
Stateville Correctional Center
P.O. Box 112
Joliet, Illinois 60434

Dear Mr. Boyce;

You recently wrote us (or your letter was referred to us by a private law firm which you wrote asking for pro bono assistance) asking for help with a claim relating to the medical care you received.

We have received hundreds of letters complaining about medical care in the Department. While we have had some success in placing a few of these cases with pro bono counsel, we simply cannot take on (or find lawyers to take on) all of the hundreds of very important matters we have heard about. **We will not be able to find an attorney for your case.**

However, because of the large number of letters we have received, many accompanied by very extensive documentation, detailing the very serious problems with the Department's medical system, we have filed what we hope will be certified as a class action case, asking for systemic changes in the way the Department provides medical care. The case is pending in the Northern District of Illinois. While our complaint asks that a class be certified, no class has been certified to date. We also want to emphasize that in that case, **we are not asking for damages** for members of the class. We are **only** asking for injunctive relief—that is, that changes be made so that what happened to you does not continue to happen over and over again.

We would like to keep your records on file and use them as part of the proof in our case. However, as always, we treat the information you send us as confidential. Therefore, if you are willing to allow us to include your situation as part of our proof in the class action case, you have to give us permission. No particular format is required—just a statement in your next letter.

We emphasize that allowing us to use your information in the class action case will **not** jeopardize or otherwise interfere with any damages case you already have filed (if you have done so). Similarly, use of your information is **not** a substitute for filing your own damages case, should you feel you have grounds to do so.

As always, we thank you for your continued willingness to share your information. Take care and keep strong.

Sincerely,
Uptown People's Law Center

(exhibit 45)

page 80

Amy Bilton
20 N Clark St
Suite 1000
Chicago, IL 60662

greetings

My name is Anthony Boyle I have a
learning Disability I have Health issues
I want waste your time By lying every
conceivable one I need some legal
assistance the psychiatrists at stateville
e e gave me the anti depressant medicines
trazodone, remeron both messed up
my vision, migraines head aches etc
the Doctor and medical manufacturers
etc knew this product was bogus the
officer at stateville signed a statement
of what the nurse said saying the
Doctors medical manufacturers, Boswell
pharmacy knew the medicine cause injury
please could you help me the staff
of I D O e is trying to sabotage the
grievance procedure please write me
Back thanks

(exhibit 46)

ERICA Beuther
200 E Randolph
CHI IL 60606

page 81

greetings

My Name is Anthony Boyle I am being
Deliberately mistreated by prison officials
physicians and the medicine manufacturers of the Drug
Remeron, trazodone the Doctors Deliberately
Knew their Product would make me sick
which it did causing injuries to my eyes
Dizziness migraines it's left me
impaired could you help me legally
the officer signed a statement about
what he witnessed the nurse said
to me she the manufacturers and
the Doctors and Boswell knew the meds
was bad please write Back

(exhibit 47)

Tracy Billows
131 S Dearborn St
Suite 2400
Chicago, IL 60603
page 82

greetings

the initiative has been taken to write
you is to seek legal aid in my endeavors
the medical manufacturers of Tracodone,
Remeron Drugs are tainted with hazardous
components that caused me vision impairment
migraines the nurse here passing out meds
stated she knowingly gave me meds
that would cause injury she said the
psychiatrists ~~are~~ Roswell pharmacy and manufacturers
know the meds cause injury the officer
here wrote and signed a statement to what
happen please write me back thanks

Anthony Boyce
R-52162

(exhibit 48)

page 83

Mat + Hew Bills
111 8 weeks PA
CHI 14 60606

greetings

I am writing you asking for legal aid
I am Disabled with hearing Disability the
Doctors at statesville et etc gave me bad
meds that's caused severe injuries to
my vision migraine head aches troubles swallowing
at times et etc the nurse got smart with me
one night the officer was with her head
her tell me ~~on~~ you in jail the manufacturers
the Doctor and Boswell pharmacy knows the
meds cause injury this is deliberate indifference
they speaking of prison officials are
always trying to derail my grievance process
please help me.

A Boyce
R-52162

(exhibit 49)

Ernest
Beutel
100 W Monroe St
Suite 1605
Chicago IL 60603
page 84

greetings

Hopefully your straight the reason for writing you is to obtain legal assistance I have a Learning Disability the Doctor gave me two medicines they knew would cause me injuries trazodone, Remeron Both Drugs are the reason my vision is impaired migraine head aches etc the nurse was taunting me say she knew medical manufacturers Doctors, Bowell pharmacy service knew the meds caused injuries this is Deliberate indifference they violated my constitutional rights they are sabotaging my grievance process all so I feel Hopeless please help me

A Boyce

R-52162

KAREN BILK

(exhibit 50)

page 85

options clearing
company n.wackerda
4th fl
ehi 60606

the initiative has been taken to write
is to respectfully ask for legal
assistance the medical manufacturers
of the Drugs Remeron, trazodone are
making bogus meds the doctor here at
Stateville and the staff knew it
would cause my vision to go bad
if please could you help me
thanks

A. Boyce

R-52162

SEYFARTH
ATTORNEYS **SHAW** LLP

Writer's direct phone

(312) 460-5603

Writer's e-mail

tbillows@seyfarth.com

(exhibit ~~60~~)
51
page 86

131 South Dearborn Street

Suite 2400

Chicago, Illinois 60603

(312) 460-5000

fax (312) 480-7000

www.seyfarth.com

December 23, 2011

VIA U.S. MAIL

Anthony Boyca
R-52162
P.O. Box 112
Joliet, IL 62353

Re: Your Letter

Dear Mr. Boyca:

I have received your letter regarding legal assistance. I am not able to assist you with your request. If you would like to obtain legal representation, I suggest you contact Uptown People's Law Center, 4413 North Sheridan Road, Chicago, IL 60640. Their phone number is 773-769-1411. Uptown People's Law Center specializes in these types of issues and matters.

Best regards,

SEYFARTH SHAW LLP

Tracy M. Billows
Tracy M. Billows

ATLANTA BOSTON CHICAGO HOUSTON LOS ANGELES NEW YORK SACRAMENTO SAN FRANCISCO WASHINGTON, D.C. BRUSSELS

Richard Brooke
53 W Jackson
Suite 1410
Chicago
60604

(exhibit 52)

page 87

Hopefully your time?

The reasons for writing you is to just seek legal assistance in filing a lawsuit against state officials Doctors medical manufacturers pharmacy service Boswell they gave me some antiDepressant meds they knew was harmful to me it impaired my vision migraine head aches etc I can prove it was Deliberate interference Done to the fact the Nurse was taunting me saying she the Doctors and the medicine manufacturers the meds was faulty the officer signed a statement I have a Learning Disability please help me then even trying to Denial my grievance process it rough thanks for your time

A. Boyle
R-52162

(exhibit 53)

page 88

e/len joan
dimpson
12511 W. Early
Suite 2nd
chi 60660

greetings

my every intent is to write and ask for legal assistance the Doctors manufacturers etc gave me some anti depressant meds traxidone, remeron the caused injuries to my eyes migraine headaches troubles with swallowing dizziness as a result of taking the bad meds a nurse out of anger Denied me Health care and informed me Boswell pharmacy the Doctor, medicine manufacturers knew the meds caused injuries they Deliberately messed me up I have a learning Disability could you please help me my eyes are hurting now I used someone elses glasses to write you thanks

Anthony Boyce
F-52162

Anthony
Boyle
L 52162

(exhibit 54)
page 89

SARAH WINSTON
one prudential
place
130 E Randolph
chi 60601

greetings

Hopefully your fine? the reasons of
writing you are to try to obtain legal
assistance in filing possibly a class
action law with the Honorable Federal courts
to ask their permission to pick a jury
whom would be the good citizens of Illinois
maybe god may touch their hearts to
Award millions of Dollars I'D give the
proceeds to my elderly grandmother
and my lil cousins for college I can
prove the psychiatrists prison officials
wexford health sources, the medical manufacturers
Deliberately gave me meds that cause
me to have bad vision, migraine head aches
troubles swallowing and its a history with
these bogus drugs side affects. I have a
hearing Disability please could you write
me back thanks

thomas Fitzgerald
35 wacker Dr
chi 60601

(exhibit 55)

page 90

greetings

Hopefully you find the reasons for writing you all
is to ask for legal assistance to file a civil
law suit possibly a class action for Deliberate
indifference against the medical manufacturers,
Biswell pharmacy service, wexford Health sources inc.
State employees for injuries my eye's swelling
and migraines as a result of taking trazodone
nemexon was not warned of side affects I
asked the nurse she got beleaguered and
said without of the officer whom signed a
written statement as a witness she said
the medical manufacturers and Doctors
knew before hand I would get injured
as a result of taking the meds they
prescribed I have a hearing
Disability please could you help me

LC 52162

Anthony
Boyle

Alison Harrington

25 E Washington

Suite 210

Chillicothe, MO 64602

(exhibit 56)

page 91

greetings

Hopefully your fine? the initiative has
Been taken to write you all I D like
some legal assistance pertaining to
Deliberate indifference my Doctor gave
me some medicine he knew would cause
serious injury to me the Drug name
trazodone my vision is impaired migraine
head aches, dizziness and trouble swallowing
my eyes are hurting now I used this
guy's glasses to write this letter the officer
whom is a employee at stateville
signed a statement Due to over hearing
the nurse tell me her and the Doctors
and medicine manufacturers know the Drug
was bogus causing injury please could
you write back they're trying to
derail my grievance process I have
a learning Disability it's in my life
please could you represent me thanks

Anthony Boyce

L 62162

(exhibit 66)
page 92

Stacy Brecht
311 W Superior
Chgo IL 60610 312.52

greetings

Hopefully your fine? the reason I am
writing you all is to seek help I have
a lot of Health issues I have a hearing
Disability. the psychiatrist at stateville
gave me the med's Risperidone, trazodone
knowingly knowing it would cause me
injuries my vision is impaired migraine head
aches Dizziness inability to swallow
completely at times the officer at stateville
heard the nurse say to me she the doctors
and the manufacturers knew the med's caused
injury she signed a statement saying
what he ~~wrote~~ witnessed her say
please could you call me on legal
call or write back I need help

A Boyce
R-50162

CONTINUE

ILLINOIS DEPARTMENT OF CORRECTIONS

Exhibit 677
F-122
page 93Administrative Review Board
Return of Grievance or CorrespondenceOffender: Boyce Anthony LS2162
Last Name First Name MI ID#Facility: StaX (4) 942, 4685, 543; grv dated 11/19/11
Grievance: Facility Grievance # (if applicable) Dated: or Correspondence: Dated:
Received: 4/10/12 Date Regarding: Medical, Staff Conduct

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide a copy of your written Committed Person's Grievance, DOC 0046 including the counselor's response if applicable).
- ☒ Provide a copy of the Committed Person's Grievance Report, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal. if within timeframe for grv dated 11/19/11 issue
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied by the facility, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1 Date
- ☐ No justification provided for additional consideration.

Other (specify):

once deemed non-emergency - then need to follow the grievance procedure for grievance #s 942, 4685, 543.Completed by: Sarah Johnson

Print Name

Sarah Johnson

Signature

4/16/12

Date

Distribution: Offender; Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: March 24/12 Offender: Anthony Boyce ID#: R-52162
 Present Facility: Stateville Facility where grievance issue occurred: Stateville GRIEVANCE OFFICE
 NATURE OF GRIEVANCE:
☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA **STAF 942**
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): Exhaustion
☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____
 Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.
 Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.
 Brief Summary of Grievance: I wrote you an emergency grievance dated Feb 10, 12 regarding medical treatment with being exposed to harmful psych meds a nurse forced me to take against my will grievance stamp number 543 also I wrote a grievance Jan 01, 12 regarding a nurse forcing me to take psych meds against my will to Day March 24, 12 I just received the state grievances and this grievance number was 4680 which both are past the appeal date due to your culpable regards not mine I want to appeal all grievances
 Relief Requested: Could you please verify this matter I need to appeal my grievance and need to see a Doctor my eyes hurt migraine Head aches Dizziness please Help me
☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
A. Boyce Offender's Signature R-52162 ID# 03.24.12 Date
 (Continue on reverse side if necessary)

Date Received: _____
 Response: _____
 Counselor's Response (if applicable)
☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
 Print Counselor's Name _____ Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW
 Date Received: 3.28.12
 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Arcus Hardy Chief Administrative Officer's Signature 3.29.12 Date
 Distribution: Master File: Offender

Limate

APR 10 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 01-01-2012	Offender: (Please Print) ANTHONY BOYCE	ID#: R-52162
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Disciplinary Report: _____			STA# 4685
Date of Report: _____			Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Claim (1) I've relentlessly have complained via grievances requests concerning my dire medical needs for months concerning being exposed to hazardous medicines Trazodone, Risperidone which has caused my vision to decline, dizziness, troubles swallowing at times, migraine headaches as a result of the above medicine. My requests etc have been deliberately ignored by Stateville C.C. medical staff to see optometrist medical physician.

Claim(2) prison officials are working in conspiracy with Boswell pharmacy services officials etc, Wexford Health Sources Inc. Officials etc, medicine manufacturers to deprive me of my United States Constitutional rights by knowingly and deliberately dispensing hazardous meds etc. to prisoners that's known cause a serious health risk to substantiate my facts of this ongoing conspiracy. (A) I saw nurse Smith in December of 2011 on five gallery of E-house we both spoke about an incident (See Back)

Relief Requested: (1) for Stateville etc. to culminate to the U.S. Constitution that this modern area accepts (2) to be seen by optometrist, medical physical (3) for I.D.O.C. to stop dispensing hazardous meds that create needless suffering.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: *R. Boyce* ID#: R-52162 Date: 01, 01, 2012

(Continue on reverse side if necessary)

Date Received: _____		Counselor's Response (if applicable)	
		<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____			

Print Counselor's Name		Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: 1.4.12	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <i>Marcus Harley</i>	Date: 1.5.12

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 02-10-12 **Offender:** Anthony Boyle **ID#:** R-52162

Present Facility: Stateville **Facility where grievance issue occurred:**

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):

☐ Disciplinary Report: _____

GRIEVANCE OFFICE
FEB 10 2012
543

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On Feb 08, 12 around 9:00 pm when I have reason to believe name is nurse Smith was passing out meds on the gallery of E-house she stopped at my cell and tried to give me a 50 gram pill of that Don't anti-depressant medicine. I notified her as she already knew from prior incidents months ago my vision was blurred at times & migraine head aches at times. Bad vision at times and a slight change in short term memory at times and trouble's swallowing at times like almost a good 20 hours a day. I experienced these extremely painful pains as a result.

Relief Requested: to have this matter identified to prevent further damages and for the wardens to not let everyone named in this grievance of what Tammy saying.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] **ID#:** R-52162 **Date:** 02.10.12

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name: _____ **Counselor's Signature:** _____ **Date of Response:** _____

APR 10 2012

EMERGENCY REVIEW

Date Received: 2/16/12

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: [Signature] **Date:** 2/17/12

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

exhibit 6

Copy page 917

Date: Nov 19, 11 Offender: Anthony Boyce ID#: R-52162

Present Facility: Stateville Facility where grievance issue occurred: Stateville

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): _____

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: on Oct 28, while at Health care unit while having a session for mental health with Dr KARTAN she began to state I know your trying to file a lawsuit your not gonna get A Dime we can tell other inmates everything the staff here tells them to say for a sandwich you've been writing up my Boss Dr Kartan pulled Sergeant Nash back there he came running placing me in handcuffs so tightly it cut my blood circulation off in my fingers my left wrist was hurting. I told him he told me to shut up Champ Sergeant Nash secluded me in a small full pipe pulled up without of other inmates and staff challenging me into a fight I stated I am not gonna help

Relief Requested: to have this matter fully investigated for Sergeant Nash and Nurse Smith to be reprimanded without pay for violating my rights etc. to be seen by medical, mental health physicians to have Stateville

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

R. Boyce Offender's Signature R-52162 ID# Nov 19, 11 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name _____ Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

_____ Chief Administrative Officer's Signature _____ Date _____

page 98

exhibit 67

April 04, 12

40

Greeting MS SARAH Johnson ARB Director godinez
My name is Anthony Boyce R-52162 I
am writing you in regards to try to exhaust
me administrative remedies the grievance
attached NOV 19, 11 the counselors office
just told and just gave me the run around
saying its no designated time for the counselors
office to respond counselor is sanders
its a emergency grievance I wrote Jan 01, 12
attached grievance number 4685 I received
its stale out dated grievance past my appeal the
date received was March 24, 12 which was
past my appeal date I wrote the warden to
rectify this problem he turned the blind eye
as on March 24, 12 I received another
stale emergency grievance I wrote
Feb 12, 12 it was stale and out dated
the warden did nothing I ask that you
give me a break and rectify this matter
the only person you can appeal a emergency
grievance to is the Director godinez
this always happens with grievances

Thank S

Heather Jones
APR 10 2012

continued exhibit 68 page 9899



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Services

Food and Drug Administration
10001 New Hampshire Ave.
4th Floor
Silver Spring, MD 20993

April 16, 2012

Anthony Boyce, R-52162
Stateville, C.C.
P.O. Box 112
Joliet, IL 60434

Dear Mr. Boyce:

This is in response to your letter dated February 9, 2012, to the Food and Drug Administration (FDA) concerning names and addresses for the manufacturers of Trazodone and Remeron.

Below is the name and address of the manufacturer of Remeron:

Organon Pharmaceuticals USA Inc.
56 Livingston Ave.
Roseland, NJ 07068

Trazodone is manufactured by many different companies. Please contact Boswell Pharmacy Services to determine which manufacturers they use. The practice of Pharmacy is regulated by the State's Board of Pharmacy. You may wish to contact the Illinois State Board of Pharmacy regarding your issues with the dissemination of information to patients, their address is below:

Illinois Department of Financial and Professional Regulation Division of Professional Regulation
— State Board of Pharmacy
Carol Freligh
Pharmacy Board Liaison
320 W Washington, 3rd Floor
Springfield, IL 62786

FDA requires drug sponsors to inform us of any new information regarding the safety or effectiveness of their products, whether under clinical study or following FDA approval for marketing. We realize that when an approved drug becomes widely used in clinical practice, health care professionals may observe differences from clinical trial results in both the incidence and/or types of adverse drug experiences. After approval of a new drug, the sponsor is required to provide periodic reports to us as well as reports of any adverse reactions. We monitor these

Anthony Boyce, R-52162

exhibit 68 page 100

reports to determine if any safety problems or trends can be identified. Once the adverse reaction information is known to a drug firm, the regulations require that it be transmitted to FDA within 15 working days from its receipt, or in the periodic reports required on approved new drugs. A large portion of adverse drug reports reach FDA through the drug manufacturers. Should safety problems emerge, the FDA takes action accordingly.

FDA also monitors the safety of drug products, including the incidence and severity of adverse reactions, through its MedWatch program. FDA relies on the submission of MedWatch reports from health professionals, as well as consumers, to report serious adverse reactions to drug products. MedWatch is a voluntary system of reporting: it is through the spontaneous reporting of adverse events that FDA may be alerted to a developing problem with a particular drug product, and prompted to perform additional review. Please complete the enclosed MedWatch form. The form is preprinted with the return address and is postage paid.

Thank you for writing to the FDA. I hope this information is helpful. Please do not hesitate to contact me if I can provide assistance in the future.

Sincerely,



Joan Powers
Consumer Safety Officer
Division of Drug Information
Office of Communications
Center for Drug Evaluation and Research

Enclosure

MedWatch form

exhibit 69 page 101

04/28/12

greeting CAROL the high Hopefully your fine?
 the reason for writing you is to notify you of
 my 1000's my Health is Declining as a result of
 Being exposed to the Harsh Defective Medication
 TRAZODONE powder pill from 50 milligram pills
 neither medicines have warning labels
 on the meds to conceal the Hidden life threatening
 Dangers because if a patient knew of all
 the side effects no patient in their right mind
 would take the meds My eyes hurt My head
 hurts trouble swallowing Memory loss Dizziness
 upon standing Almost all the time I am in
 pain I've wrote Boswell pharmacy in good faith
 asking them to turn over the ADDRESSES of
 REMERON, TRAZODONE ~~phsych~~ meds Boswell
 pharmacy had refused to hand over to me
 the names and ADDRESSES of the pharmaceuticals
 companies whom they purchase the Defective
 meds from I ask please that you force
 them to give me the names and ADDRESSES
 of these companies thanks please write me
 back I have a learning Disability I need
 help MAY GOD Bless you it's a letter attached
 of Boswell pharmacy names and titles of officials

exhibit 70 page 102 April 27, 12

Greeting's ORGANON pharmaceuticals

Hopitully you all are fine. the reason
I'm writing you all again is because
I've wrote you all the the past But
no one ever responded Back to my
letters in the past regarding the 15 milligram
pill of REMERON. has made my eyes but
troubled swallowing Pizziness upon upon
standing memory lost it's no warning label
on the medicine saying it caused all
these side effects I've Been exposed
to REMERON it messed me up then the
psycho Doctor at statenville CL put me on
Trazodone and it messed me up even
more Both you all's products messed me
up what's being done about this you
all can do something to correct the meds
please write me back My name is
Anthony Boyce # ID R-52162

PO Box 112

Toliet IL 60434

Please excuse my writing I have
a learning Disability and illnesses
from the meds